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ABSTRACT

This research studied the new childrearing values and practices which are emerging among humanistic communal parents. Thirty-three parents from seven share-the-land cooperatives in northern California and southwestern Oregon were interviewed. Questions were asked about experiences related to childbirth, the nature and sources of child care provided, and child-rearing practices within various situations. A values and attitudes scale was administered to assess approval of conventional social roles, traditional family values, and contemporary child-rearing values. Part of the study focused on the roles of mother and of father, and on differences between females and males in responses to questionnaire items. The results suggest that even though these communal parents were committed to equality between the sexes and equal division of child-rearing tasks, the paternal child-rearing role was subordinate to the maternal role. Another finding was that males and females agreed that the primary socializing agent was the mother. Other important socializing agents cited by females included not only fathers, but other persons outside the parental dyad. Males, however, tended to mention only fathers. Among other findings was that mothers strongly valued the use of parental modeling and believed that parental behavior helped shape children's behavior. The fathers appeared less certain about the effectiveness of parental modeling. (Author/RM)

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COMMUNAL PARENTS' PERCEPTIONS OF CHILD REARING

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Master of Arts

in

Sociology

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by

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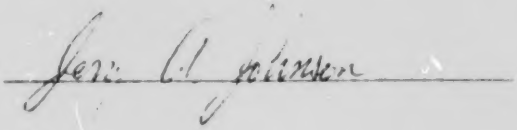
Signed 

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ABSTRACT

COMMUNAL PARENTS' PERCEPTIONS

OF CHILD REARING

by

© Jerry A. Johnson 1977

Master of Arts in Sociology

California State University, Chico

Fall 1977

This research was designed to study the new patterns of child-rearing values and practices which are emerging among humanistic communal parents. Friendship networks provided a unique opportunity to interview 33 such parents in their home settings, which were seven share-the-land cooperatives in northern California and southwestern Oregon. Questions were asked about experiences related to child birth, the nature and sources of child care provided, and child-rearing practices within various situations. A values and attitudes scale that assessed dimensions associated with approval of conventional social roles, traditional family values and contemporary child-rearing values was administered.

Part of the analysis focused on the role of mother and of father, and on differences between females and males in responses to questionnaire items. The results suggest that even though these communal parents were committed to equality between the sexes and equal division of child-

rearing tasks, the paternal child-rearing role was subordinate to the maternal role. The female responses had more content, more specific in-depth information, and more reported variety in behavioral alternatives in dealing with a child. The male responses contained fewer specifics and less insightful content. Maternal responses suggested more elaborated parental repertoires for mothers, while paternal responses were indicative of less role differentiation.

Males and females agreed that the primary socializing agent was the mother. Other important agents cited by females included not only fathers, but other persons outside the couple dyad. Males, however, tended to mention only fathers. The males typically indicated that they perceived paternal involvement to increase as children matured. The females, on the other hand, indicated that they perceived an attenuation of parental roles after early childhood as other community child care resources, such as school, peer group, other adults, etc., became more directly involved. In addition, the fathers' responses seldom demonstrated knowledge of preferential attractions or affiliative patterns peculiar to each child, while the females typically provided such information.

Among other findings to be reported was that mothers strongly valued the use of parental modeling and believed that parental behavior helps shape children's behavior. The fathers appeared less certain about the effectiveness of parental modeling.

CHAPTER I

INTRODUCTION

Communes are known to have existed since the beginnings of recorded time (Kanter, 1972, Sands, 1973). Christ is believed to have lived at an early commune called Essens. Plato, in The New Republic, describes ideal characteristics of Utopian communities. The Christian communism of early church radicals is said to have generated much of the social base of communal life (Kanter, 1972, 1973; Kephart, 1974; Marx and Seldin, 1973; Westhues, 1972a).

Early Christian communalism followed Christianity to Europe and the New World. The earliest of such New World communities was founded in 1680 by Protestant Mystics, the Labadists, in the area known as northern Maryland today. The Moravians founded their largest commune (1,000 persons) in the New World at Bethlehem, Pennsylvania, in 1741. Other examples of eighteenth and nineteenth century religious-based communal societies of Northern America include the Oniedans (Perfectionists), the Rappites, Zoar, Bethel, Amana, the Hutterites, the Harmony Society and the Shakers.

The Shakers' existence as a celibate religious group has spanned two centuries, which makes them the longest lasting religious commune in the U.S. They managed to survive by emphasizing the conversion of others to their religious system. The Shakers, so named for their rituals that included spiritual possessions and frenzied dancing, entertained and

socialized often with the other communalists of their time. Vestigial remnants of the Shakers' group consist today of a handful of elderly women residing in New England. These individuals serve as historical links to their fading heritage and were most recently highlighted in a Public Broadcasting Service television production in December 1976.

The Hutterites, with some 200 communes, continue to flourish today as Canadian farmers. The Amana Colonies of Iowa were an immensely successful economic venture, maintaining communally-owned cooperative manufacturing and farming industries. Their way of life was changed forever by the advent of twentieth century legislation designed to control corporate finances and destroy monopolism. The economic organizations evolved by Amana were forced to open their structures to outside investors by offering their stock on the open market, and this led to the eventual dissipation of their colonies. Though Amana be functionally defunct, it is generally understood that some benefits for the few aged who remain continue today.

Nineteenth century socialism spawned a number of American communes (Kanter, 1972, 1973; Marx and Seldin, 1973). The French philosopher Charles Fourier is reputed to have been a principal source of inspiration for this movement. The North American Phalanx (1843-1856) was the most successful of these communes (Kanter, 1973). Later socialist utopias borrowed more heavily from Marxism, yet typically enjoyed the short-lived fate of this class of communes.

Today's communal renaissance, beginning in the mid 1960s, draws primarily on the more successful structural/organizational models of Christian communalism (Marx and Seldin, 1973a). The "Jesus Freak" movement in America has led to the establishment of nationwide communal

networks crisscrossing the U.S. (Richardson, 1974).

Twentieth century social movements in psychology emphasizing group (milieu) therapy and valuing self-realization/actualization for the individual have provided a new impetus to communalism, primarily since World War II (Marx and Seldin, 1973b). Thanks to Freud, Skinner, Rogers, Fromm and Maslow, a new interest in utopian lifestyles has emerged (Schulterbrandt and Nichols, 1972). Maslow's Eupsychian Management and Skinner's Walden II are two examples of utopian organizations as idealized by this new humanistic school of thought.

The increased use of therapeutic techniques (e.g., the marathon, leaderless groups, sociodrama, psychodrama, and milieu therapy) in treating normal as well as low-functioning individuals has resulted in the proliferation of a number of Esalen-like therapeutic retreats in this country. The success of these treatments for drug addicts by Synanon suggests their viability and effectiveness in producing beneficial outcomes for those involved.

Many people from the middle and upper middle class American mainstream have opted for something new, something different from what they perceive as the oppressive role channelizations to which they have been traditionally socialized. These people seek to make the roles they live out rather than to take more stereotyped behavioral roles. An act of creative choice is involved for them each time behavior occurs. Looser behavioral codes which sanction a wider spectrum of behavioral alternatives serve to create a lifestyle conducive to changes in the repertoire. Trying out new roles is encouraged and is more likely to receive support within the communal group (Marx and Seldin, 1973a).

There is a growing body of contemporary research concerning this communal renaissance which has been conducted by American social scientists. As an alternative to the traditional nuclear family, the communal movement interests a wide variety of professionals--anthropologists, psychiatrists, social welfare workers, sociologists, etc.

Although the socialization of children is seen as an area of failure in the history of communal life (Kephart, 1974), Rosalind Sands (1973) espouses communal child-rearing as a viable alternative model for application to child care problems experienced in social work and suggests a more open-minded approach to future situational solutions within the field. She states that social work has repeatedly attempted to reinforce the nuclear family as a favored child-rearing situation, even when faced with rapid situational disintegration. Sands states that changes in women's roles are undermining the mother's exclusive role in child rearing.

The proliferation of day nurseries and nursery schools (licensed and unlicensed), the development of child-rearing facilities by a number of individual agencies and universities, the growth of group homes for unmarried mothers and their children and the movement toward informal cooperative neighborhood nurseries all attempt to provide child care. Sands calls for a "comprehensive child care and social support system" for child rearing as an adjunct to social agency programming.

Communes are believed to be a viable substitute for the fragmented kinship relations of the traditional family (Kempler, 1976). Communal lifestyles are perceived as capable of assuaging contemporary social problems associated not only with child care (Sands, 1973), but with the aged (Kempler, 1976). Among the benefits are more meaningful

interpersonal relationships with more ability to meet the individual needs of primary group members (Streib and Streib, 1975). However, basic value conflicts between generations are seen as roadblocks to the realization of the possibilities for inclusion of older aged groups today. Consequently, the adult members of today's "New Age" commune are typically under age 35 (Eidusor et al., 1973, 1974, 1976; Schulterbrandt and Nichols, 1972).

An equalitarian relationship between children and adults in rural noncreedal west coast communes has been noted (Berger et al., 1971, 1972, 1974). In a historical discussion of the rise in urbanism, the advent of cooperative households in the city (boarding and rooming houses), and the state of American adulthood, R. M. Kanter states: "While researchers do not fully agree about whether parental authority was actually greater in the eighteenth or nineteenth centuries, there seems to be consensus that the American child has always had a relatively high degree of freedom compared to his/her European counterpart, and parents either could not or did not want to discipline their children (Kanter, 1976)."

An impetus away from child-centeredness toward adult-centeredness is noted by Kanter in discussing urban east coast communal life. Kanter reasons that since adults perceive themselves as in development transition, they relate to children as developing entities as well. The result is that communal children are trained to be free (not future communards) and breakdowns in age-graded norms for the role of children have been noted. Examples are the use of drugs and alcohol, early introduction to genital sexuality, and inclusion of children in decision-making processes (Berger et al., 1971, 1972, 1974; Deisher and Johnston, 1973; Kanter, 1976).

The contemporary works of Berger and Hackett compiled a great deal of longitudinal research on communal child rearing. Communal counter-cultures of California served as action systems for analysis. Using participant observation and field interview techniques developed by Sheri Cavan (1974), these researchers have recorded a wealth of information concerning the social settings. However, the information favors adult perspectives, since children old enough to have experiential expertise and formalized opinions as recipients of communal child care were typically excluded from participation in the research (Weisberg, 1975).

Some information is provided by Berger and Hackett concerning birth, infancy and kneebaby cycles of child rearing. The "autonomous concept of children," as noted by Berger, describes a setting in which youth is relatively independent of parents. This is seen as a status development complementary to the ongoing liberation of women from traditional familial roles. Within this social setting, children are perceived as ultimately equal to all human beings (Berger et al., 1971, 1972, 1974). Conversely, it is suggested that adults tend to apply a similar rationale to support their avoidance of traditional parental roles associated with the child-centered nuclear family.

The ambiguous characteristic of parent-child relationships in these settings reflects itself in a wide variance of disciplinary modes (Dammers, 1974; Kanter, 1976; and Weisberg, 1975). Berger states that this perception of "young people as independent" is different from those "thus far emphasized, ... Pre-industrial, agricultural, or sometimes lower-class views on the one side, and industrial or middle-class views on the other" (Berger et al., 1971).

Berger and Hackett (1974) point out a general parenting pattern suggested by their data, labeling it an inclusion-disattention pattern, and explaining it as "A philosophy of child care that diminishes the apparent need for, or even desirability of, child care itself, which emphasizes the natural intelligence or maturity of children, reduces thereby the degree to which child care may be said to be fateful or self-implicating for parents; it reduces, that is to say, the degree to which one's reputation in the community is contingent upon how one manages one's children, thus preserving the freedom and mobility of adults even in the midst of fertility and poverty" (Berger and Hackett, 1974).

Changes in parental role structures within the parent-child relationships are also suggested by these researchers. Old conceptions of nuclear families with rather authoritative parents, and the consequential emphasis on these parental roles as identity models for children, appear to be disintegrating among these communal adults. New images of liberation and egalitarianism inflect these relationships and promote the development of trends away from the traditional.

A longitudinal study, "The Family Styles Project," by Bernice Eiduson, et al. (1973, 1974, 1976), is currently comparing three counter-cultural family lifestyles with mainstream family lifestyles. This research focuses on the lives of young children (fifty from each of four family types) from each mother's sixth month of pregnancy to the children's entrance into formal education (age five and a half). The family styles being compared are social contract, single parent, living groups, and mainstream nuclear families. In-the-home observations of parent-child interaction comprise the majority of the data on which this study is based. Traditional psychometric techniques are also utilized where appropriate to

provide additional comparative information. Thus far, the findings suggest that the counter-culture families (i.e., living groups or communes, single parent, and social contract marriages) exhibit similar values and beliefs to those found within today's mainstream nuclear family. The common values and beliefs identified specific to child rearing are:

1. "Intense mother-child relationships from birth through the first two or two-and-a-half years, with a clear break in this pattern in the direction of independence and self-reliance at two-and-a-half or three years."

2. "At the same time that an intense attachment to a single caretaker is fostered, there is also an attempt to develop in the child a generalized sense of trust to other caretaking adults."

3. "Good health, in line with a desire for wholesomeness, and a oneness with the environment, assumes important proportions."

4. "In line with parental desires for each child to be assertive ..., children are allowed to work out relationships with peers without adult interference; in fact, direct inter-relations are fostered."

5. "Humanistic and interpersonal relationships and the direct expression of affectional need are highly valued."

6. "Child-peer relationships become potent socializing agents, since early independence from mother often moves a child into 'juvenile groups' as replacement. Peers are depended upon for support and decision, and age mates are closely modeled."

7. "Early decision-making is encouraged in the child, in line with the philosophy that a child has individual rights and has a role in participatory democracy. Group decision-making by parents is modeled by children as an important mode for problem solving."

8. "Parents are ambivalent about serving as models for identification. They shrink from 'putting their trip' on the child ... They also resist serving as identification models because of their more or less consistent acceptance of an anti-sexist philosophy ..."

9. "Achievement striving is played down, except for the desire to become competent and thus fulfill individual potential and creativity. Competition as a motivational source is repressed. Children are expected to be able to distinguish what is appropriate behavior within the 'family' and in the 'outside world.'"

10. "Because materialistic values are tied in with technological advances and non-humanistic goals, dependence on possessions and material objects is minimized whenever possible." (Eiduson, et al., 1973)

These values and beliefs appear to be pervasive throughout the sub-groups in the study, though Eiduson, et al., state that they are more crystallized in family styles that differ from the mainstream. Face validity of the last three values identified is questionable for they appear to conflict with norms generally associated with middle-class socialization patterns. The general character of these statements suggests an overstepping of logistical bases. If Eiduson, et al.'s contentions are in fact salient contemporary child-rearing values, then the implications of these values must assuredly generate concern about their future impact on children and society.

In a more recent paper, Eiduson & Weisner (1976) point out an increase in father's motivation to be more actively involved in child rearing, a change from the traditionally mother-centered orientation within the family and the communal father role as identified by Berger, et al. (1971).

In discussing differences in babies' behaviors at six months, the Family Styles Project researchers state, "The infant's behavior and his caretaking needs and the mother's maternal needs and acceptance of her role are greater determinants of the child/mother interplay than is family lifestyles per se" (Eiduson & Weisner, 1976). Much of this research is by nature inconclusive for the underlying factors (values, beliefs, behaviors, etc.) are situationally specific, transient, colored by mood, and subject to reassessment and evolutionary change with maturity.

Children raised in nurturant communes with adequate socialization resources have been shown to demonstrate a high degree of psychological maturity, self confidence, and self reliance (Deisher and Johnston, 1973). The phenomenon of "the society of children" observed in communes indicates increased intragroup identity among these youth.

In assessing social change and delineating trends for future mainstream society, communes are important settings for analysis. Cultural lag theory suggests that communes are a source of new cultural acquisitions. Communes serve as indicators of the nature of social reality for mass society in time to come.

Statistical support for the belief that communal lifestyles are proportionally increasing within the U.S. population is hard to obtain. This difficulty is primarily a result of the distrust of governmental control agencies by communal adults. Zoning ordinances and restrictive building and public health codes have been used to discriminate against and to persecute communards. Negative stereotyping has been a tool for harassment and social abuse of these people. Consequently, they distance themselves from mass society and its agencies and make demographic analysis nearly impossible. Communal living is a growing movement worldwide. Communal/cooperative lifestyles are finding wide support in nations such as China, Cuba, Israel, France, the United States, Russia, and Germany.

The semantics used to label communal families is moving away from the socially negative implications of deviance and counter-cultural terminology to the rather neutral, middle-position label of "alternative family lifestyle." Contemporary reference to communal lifestyles is beginning to

exhibit a new, more positive rhetoric in which such labels as "new-age family" and "emergent family style" are gaining popularity.

The research on American communes has yielded a wealth of information about this lifestyle. A general understanding of divisions of labor, decision-making processes, authority structures, economics, ideologies, recruitment procedures, etc., has been forthcoming. The study of adult functions and relations has predominated in the research. What is known of the children's lives has been gleaned primarily from field observations and interviews with adults.

Social scientists are also interested in communal settings because, to an extent, these environments provide social support systems for individuals who are dissatisfied with mainstream society. Communes constitute life spaces wherein these persons may fulfill personal growth needs by creating new behavioral roles, acting out these roles, and accepting or rejecting these roles as they choose. Changes in adult/child/parent roles and accompanying behavioral sanctions permeate this lifestyle. Therefore, social scientists perceive these settings as probable sources for new behavioral relationships whose influence may surely be felt by mainstream society in the future, particularly in the area of family organization.

The present study seeks to provide clarification of some specific issues concerning communal parents and their child-rearing practices. These issues are as follows:

1. the extent of preparation and planning done by prospective parents prior to conception and birth;
2. the nature of the birthing experience for parents;
3. how parents feed their infants;

4. how infants are weaned;
5. how offspring are tended;
6. stability of the relationships between parental couples;
7. parental perceptions of their children's likes and dislikes for learning activities and education;
8. the extent of consultation with medical professionals;
9. the nature of punishment and discipline provided for children and the methods parents use to resolve interpersonal conflicts involving children;
10. the occupational and religious heritage of the parents;
11. the equalitarianism present within these socialization settings;
12. sex differences;
13. certain parental values and attitudes deemed important in child rearing and differences between mothers and fathers on these values and attitudes;
14. the health history of the children.

Specifically, the following hypotheses are addressed:

1. high levels of participation by fathers in birthing and child rearing;
2. a high incidence of home deliveries using natural birth methods;
3. low reliance on medical professionals in pre-natal care and health care for children;
4. high participation by other adults during all phases of child care;
5. instability of parental couples;

6. permissive approaches to punishment and discipline for children;
7. low parental involvement in children's interpersonal conflicts;
8. agreement between the parent's reported behaviors, values and attitudes;
9. parental values and attitudes indicative of the non-traditional, non-authoritative position;
10. good health for children with low incidence of illness and injury.

CHAPTER II

METHODOLOGY

Procedure

Seven rural communes were located, access to which was made possible through friendship affiliation networks. These settings are located in southwestern Oregon and northern California. Two basic communal subtypes were studied: (1) share-the-land, share-the-meals, and (2) share-the-land, separate meals for each couple/family.

Field observations, and a process of desensitizing the subjects to my presence, were conducted. Individuals familiar to the participants were utilized as go-betweens and guides in order to facilitate my acceptance as a benign researcher.

Data collection included information from participant observation, informal interviews and formal questionnaire-directed interviews. During an eight-day field trip to Oregon, I stayed at a commune, participated as a temporary functioning member, and visited other neighboring commune sites.

Instruments

In-the-home, questionnaire-directed interviews were conducted with the parents. These interviews centered on three forms as follows: (1) A behavioral self-report inventory (Child-Rearing Questionnaire, see Appendix A) was administered to each parent individually. This

instrument was developed by generating questions specifically based on classical anthropological categories used in studying the family (Cavan, 1974). These questions inquired about parental action systems which evolved around such child-rearing issues as birth, conception, infant care, toddler care, feeding, weaning, discipline, etc. Three items concerning punishment and discipline characteristics were based on child-rearing research done by Gecas and Nye (1974). A checklist of probable responses followed each item. These checklists were prepared in consultation with professionals in the area of child care. Responses were not limited as to the number of alternatives that might be marked. Space for further explanation was provided for each item so that the questionnaire might be as open ended as possible, allowing each parent full opportunity to express him/herself. (2) A 22-item value and attitude scale was prepared and administered to each parent (see Appendix B). Responses to these items were on a Likert-type five point scale (strongly disagree = 1, strongly agree = 5, and no opinion = 3, etc.). This questionnaire consisted of three subscales as follows:

a. A five-item subscale containing items based on the Authoritarian Family Ideology Scale (Ernhart and Loevinger, 1969). Items selected to be included were those deemed to be most related to sex role egalitarianism, mother-centered child rearing, etc.

b. A nine-item subscale designed to measure the relative salience of child-rearing values and attitudes set forth by the Family Styles Project (Eiduson, 1973).

c. An eight-item subscale containing items either directly borrowed from or based upon the Traditional Family Ideology

Scale (Levinson and Huffman, 1955). Items were selected for inclusion which focused on parental roles, child rearing and sexuality.

(3) A health history for each child was completed by his/her parents (Appendix C). A standard hospital form was used for this purpose.

Sample

Subjects included 33 parents between the ages of 24 and 39. The parent sample included 13 couples and six single parents. One single parent was male and six were female. Seventeen parents resided in Oregon and 16 resided in California.

Medical histories of 32 children between the ages of one month and 14 years were collected from the parents.

CHAPTER III

RESULTS

The purpose of the research was to determine if any normative child-rearing behaviors or attitudes and values could be delineated for communal parents. Male and female responses were treated separately so sex role related differences could be defined.

Behavioral Self-Report Inventory

Parental responses to items contained in the inventory differed since situations faced by these parents are varied. Parents of more than one child must respond to items for each child in order to isolate child-centered variables. When responses are child centered, then results were presented in percentages of total categories checked by males and females. Some items request rather more personal, subjective kinds of answers for parents. Where parental responses took the nature of an individual, per parent response results were in the form of percentages of total female and male research populations responding per category. Sometimes information submitted by parents on the inventory required the provision of additional categories. These additions were included in the statistical analysis when deemed appropriate to the research.

Child-rearing patterns of prospective parents begin before birth, as expectations of the oncoming event start to mold parental roles. The first item of the inventory asked parents about birthing preconditions.

Item 1. Was your child planned for prior to conception?

___ Conscious decision by both

___ Didn't want child

___ Could happen or not happen

Rather high levels of pre-birth awareness were expected by the researcher to be reflected in both male and female responses. Most parents in communes were expected to report a conscious decision by both parents to birth children prior to conception. Item 1 requests information about each birth; therefore, some parents reported one categorical precondition and some parents reported differing preconditions for each of three births. Some male parents became family members after children had been born into and grown developmentally within the family unit. Therefore results were in the form of percentages of composite male and female responses.

Both parents were expected to be highly involved in the decision to conceive. Fifty per cent of the male and 36% of the female response indicated that a conscious decision to plan for a child had occurred prior to the conception of a child. Thirty-two per cent of the female and 38% of the male response reported feelings of ambivalence (it could happen or not happen) toward becoming parents prior to the conception of children. Another 21% of the female and only 6% of the male response indicated that they had not wanted a child, yet conception had occurred (didn't want child). Three female responses (11% of total female response) cited unplanned births, but added that once conceived, the children were wanted. One male (6% of total male response) indicated that he had just been in love and had had no preconceptual plans to parent a child.

These results suggest that half the males believed that a conscious decision to birth a child occurred prior to conception of children. Less females felt that a decision to parent had been reached prior to conception. Males also reported slightly more ambivalence to parenting children prior to their conception than females. However, more female parents reported not wanting children than male parents.

Fathers appeared to perceive themselves as more involved in birth plannings than did mothers. More mothers appeared to parent children contrary to an inner desire to not conceive. A sizable minority of parents (about a third) reported ambivalent feelings toward conceiving children prior to their birth. Although Item 1 appeared to tentatively support the hypothesis of high parental involvement in pre-birth planning, this support came primarily from male perceptions. Little support for the hypothesis that both parents were involved in birthing plans prior to conception appeared.

The birth is a momentous event for parents. Circumstances of the birth experience can influence future interactions between the family members. Basic feeling patterns are formed at the birth. Therefore, a series of inquiries about the birthing experience were included in the inventory.

Parents were asked to indicate any birth methods on Item Two (see Appendix A) which were used. On the basis of past experience with communalists, the researcher expected that "natural" births would be indicated in the majority of responses. "Natural" birth methods generally involved the lack of chemical pain blocks and over-refined chemical therapy during childbirth. "Natural" birth methods also included approaching childbirth as an event to be subjectively

experienced without the benefit of over-evolved, predesignated procedures.

"Natural" birth methods were reportedly used at birth in 56% of the male and 37% of the female total response. Twenty-nine per cent of the female and 36% of the male total reponse indicated that parents had attended classes on how to birth and prepare for birth. Only 4% of the male and 16% of the female total response cited the use of standard hospital delivery methods at birth. An additional 16% of the female response reported a totally unprepared birthing experience with total reliance on naive maternal instincts. Prematurity and complications of birth interfered with planned methods in reports by one male (4% of total male response) and one female (3% of total female response).

"Natural" birth was the category of response most often indicated by both females and males. The majority of male responses and over one-third of the female responses indicated that some form of "natural birth" took place. A sizable minority of both male and female parents reported attending prepared childbirth classes in birthing methods. A few parents reported the birthing experience as involving the use of standard hospital delivery methods (standard staff procedures). A few females also responded that their birthing experience was altogether unprepared for and naively instinctual.

The arrival of a new family member is a momentous event for parents. Circumstances surrounding the birthing experience influence the future family and parent-child interactions. A series of inquiries about parental perceptions of the birthing experience were included in the inventory. These items and parental responses to them are listed below:

Item 3. Where was the baby born?

___ conventional hospital delivery room

___ "birthing" room

___ at home

Considering the unconventionality of the respondent's lifestyles, the researcher expected that Item 3 responses would reveal a substantial majority of "at home" births. Since many parents had more than one birth experience, results are presented in terms of the response percentages of the overall number of male and female responses provided for Item 3.

Contrary to the expected results, the majority of both female and male responses indicated that birth settings were predominantly hospital delivery rooms. Sixty-nine per cent of the male and 62% of the female responses reported that birth occurred at conventional hospital delivery rooms. Twenty-nine per cent of the female and 26% of the male responses indicated home births. One female reported a birth in a "birthing" room, i.e., a soft-toned environment provided by some hospitals as an alternative to the austere delivery room. One female reported a surgical birth (C-section). One female responded that labor began at home and ended in an emergency hospital delivery. One male reported a boat as a birth setting. Although a substantial minority of births reported did occur at home, the majority of birth settings were conventional hospital delivery rooms.

These findings refute the anticipated hypothesis that a majority of at-home births involving communal parents would be reported. However, for parents of more than one child, an increase in home births for second and third children was noted. Therefore, some results do support the contention that home settings for birth would be favored by these parents.

Although some support was found for the hypothesis that communal parents favor home births, the majority of births reported indicate that reliance on conventional hospital delivery rooms for birth settings is strong.

"M___" had intended to birth her child at home among family and friends. The onset of "M's" labor marked an occasion to gather loved ones together to aid the birth and provide an emotion-packed atmosphere of anticipation and excitement. As "M's" labor began, the people joyously celebrated the ever approaching arrival of the newborn infant. Flash-bulbs popped and smiles were overflowing the faces of everyone there. As the labor grew in intensity and duration, the formerly transcendent expressions turned to subdued consternation and worrisome concern. On the labor continued and the awesome possibility of a complicated birth became increasingly real for the family. Finally, after an all-night vigil without a successful delivery, the decision to move "M" from her cabin in the foothills to a hospital was begrudgingly made. By then, everyone was really worried for "M" and her baby; disappointment, impatience and nervous exhaustion marked the people's faces.

A new day was dawning as the small caravan of committed individuals drew closer to the hospital. "M" was taken immediately into the emergency room where, aided by medical professionals, she gave birth. In conversation with "M" about one month after her birthing ordeal, I asked "M" how she felt about home deliveries. Her response was strong and immediate, "If I could do it all over again, I wouldn't change a thing. I believe in home birth and I plan to give birth to the next child at home," "M" insisted.

Item 4. Who was present at the birth?

___ spouse ___ spouse's parents ___ your parents

___ close friends

The researcher anticipated that parental responses to Item 4 would indicate that fathers (spouse) would be present at the majority of births. Since many parents reported a multiplicity of birthings, results are presented for Item 4 in terms of percentages of the overall male and female responses indicated. Sixty-five per cent of the males and 47% of the females reported that the spouse was present at birth. Close friends were reported present at birth by 22% of the female and 31% of the male responses. Seven females (17%) and one male (4%) indicated the presence of doctors, nurses and/or midwives at birth. Three females (8%) reported that the spouse's parents were present. One female reported birth attendance of other relatives and one female indicated that no one was allowed in the delivery room.

These results reveal that fathers were present at birth according to the majority of the male responses and almost half of the female responses. Close friends were reportedly present at a substantial minority of the birthing incidences. More females than males indicated the presence of medical birthing assistants. These findings support the researcher's contention that fathers would be reported as present in the majority of reported births.

Item 5. How present was the father at delivery?

___ there but left ___ in waiting room

___ in delivery room ___ in and out of labor environment

___ not present

The location of fathers at the time of their child's delivery can provide an additional clue about his concern for mother and child. The researcher anticipated that highly involved fathers would be present in the delivery room at delivery of their newborn. Once again the response percentages reported here are percentages of the overall male and female parental responses to Item 5. Fifty-seven percent of the male and 43% of the female responses indicated that the father was in the delivery room at the time of delivery. Seventeen per cent of the female and 29% of the male responses reported that the father was in and out of the labor environment. Father was reported to be in the waiting room at delivery by 19% of the female and 10% of the male responses. Three females (7%) and one male indicated that father was not present at delivery of the newborn. Four females (9%) reported that father was not allowed in the delivery room and two females (5%) indicated that the father was there but left.

These results suggest that fathers perceived themselves as present at delivery in the majority of births reported. Although female responses to Item 5 supported this perception, slightly fewer females recognized it as fact. More males reported themselves as in and out of the labor environment than females. More women placed father in the waiting room or not present than did men. These results reveal a very strong tendency for communal fathers to be physically present in the delivery room at delivery of their newborn offspring, providing supportive evidence that communal fathers were highly involved in birthing.

Item 6. How did the father participate at birth?

___ helped count or time contractions

___ emotionally supportive

___ mopped forehead

___ provided verbal encouragement

___ provided massage

___ provided liquids

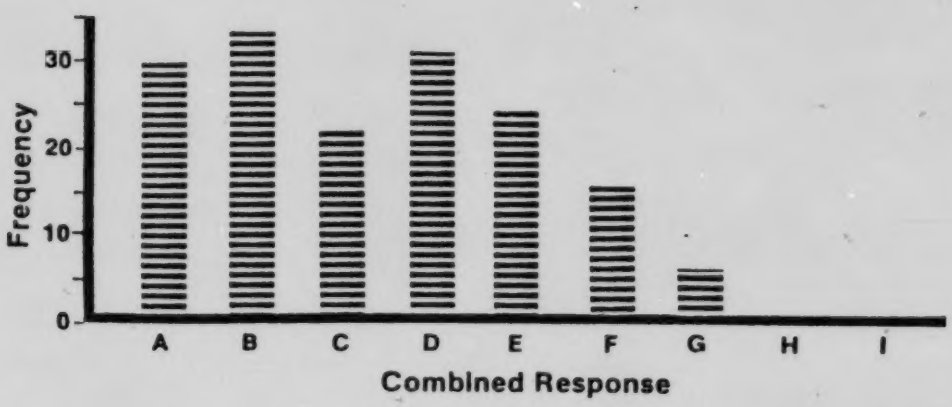
The researcher expected communal fathers to be actively supportive of their spouse during birth and Item 6 was designed to measure this variable (see Figure 1). The participation most often indicated for fathers was "emotionally supportive," accounting for 21% of all the female and 20% of all the male responses. An almost equivalent number responded that fathers also provided verbal encouragement, this response category received 19% of all the male and 20% of all the female responses. Fathers also helped count or time contractions; this category received 17% of the male and 20% of the female responses furnished for Item 6. Sixteen per cent of the overall male and 15% of the overall female responses were that father provided massage in support of the birthing spouse. Another 16% of the male and 12% of the female responses indicated that father mopped his spouse's forehead during birth. Only 8% of the female and 12% of the male responses reported that father provided liquids at birth. Five female responses (6% of the female total) indicated that father did not participate at birth.

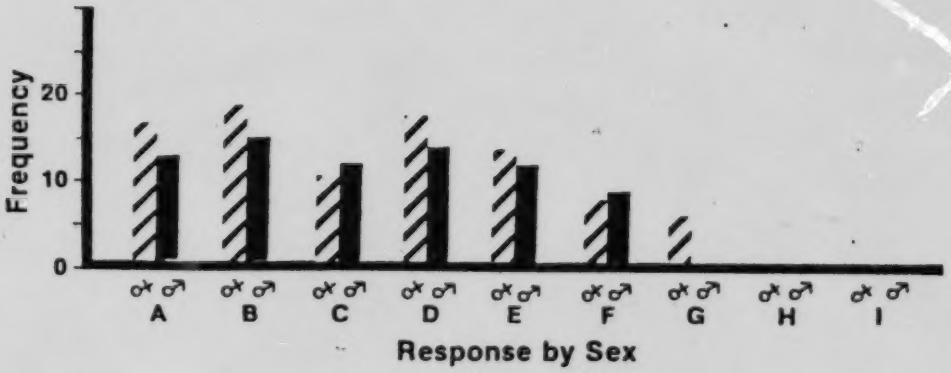
Some fathers participated more during one birth and less during others. Some fathers were not involved at birth due to a prebirth disintegration of the couple relationship. Stepfathers were unable to

FIGURE 1

Child Rearing Questionnaire

Item #6 How did the Father participate at birth?





		% (adjusted) ♂	♂	combined
A — Helped Count or Time Contractions	A	17	18	18
B — Emotionally Supportive	B	20	21	21
C — Mopped Forehead	C	16	12	14
D — Provided Verbal Encouragement	D	19	20	19
E — Provided Massage	E	16	15	16
F — Provided Liquids	F	12	8	10
G — Did Not Participate	G	—	6	3
		100	100	100
	s			9.51
	$\bar{x}$	9.86	12.3	22.14
	mode	B	B	B
	n	69	86	155
	N	4.9	4.5	4.7
	E $2N_{\bar{x}}$			

Combined =

Male =

Female =

Figure 1 Item 6 (C.R.Q.) — Composite of Scores

respond because they were not members of the family until after birth. However, 25% of the males and 38% of the females participating in this research indicated that fathers participated in birth in four different manners. Another 31% of the females and 50% of the males reported that fathers participated in six supportive ways. Eight per cent of the males and 6% of the females indicated one, two, three and five participatory mannerisms for fathers at birth. These results support the view that these communal fathers were indeed highly participatory and very supportive during birth.

Infant feedings and the manner in which they are conducted are believed to be critical factors in the establishment of early parent/child communications. Basic messages concerning parental willingness to compromise their own comforts and to adjust their lifestyle to accommodate the infant's needs are presented behaviorally to the infant. The basic consensus among contemporary experts in child rearing is that breast feeding on demand produces a happier, more secure baby. Also, rather gradual weaning of children when they display evidence of no longer desiring to suckle is believed to be beneficial, since this provides additional evidence to the baby that parents are sensitive to the infant's feelings and concerned enough to allow these feelings to determine how and when weaning should take place. The introduction of solid foods is another sensitive area in which parental decisions are communicative of concern for their children. Rather than abruptly presenting solid foods to the baby for consumption, a more favorable approach is to patiently allow the infant to witness meals and to present solid foods only after the baby has reached for or taken food from the table on his/her own initiative. These approaches are beneficial for the infant since

they are naturalistic and geared to the infant's developmental tempo rather than abrupt and sudden changes in routine. Four items assessing the characteristics of infant feeding, weaning and the introduction of solid foods into infant diets were included in the inventory. These items and the results of their tabulation are presented below:

Item 13. How was/is the infant fed?

___ schedule ___ demand ___ combination

Explain: _____

___ breast ___ bottle ___ combination

Explain: _____

Item 13 asked parents to indicate how and when infants were fed. Communal parents were expected to report high incidences of demand feedings (feeding the baby when she/he appears to be hungry) rather than scheduled timing of these feedings. Communal parents were also expected by this researcher to favor breast feedings over bottle feedings.

Infant feedings occurred on demand according to 58% of the female and 55% of the male responses. Two males (18%) indicated that feedings were scheduled. Forty-two per cent of the female and 27% of the male responses reported that a combination of demand and scheduled feedings occurred. The researcher expected that the majority of these communal parents would prefer feeding infants on demand and these results supported that contention.

It was expected that communal parents would indicate a high incidence of breast feedings and indeed 68% of the female and 58% of the male responses reported breast feeding for infants. Only 16% of the female and 8% of the male responses indicated that infants were fed by

bottle. A combination of breast and bottle feedings were reported by 33% of the male and 11% of the female responses. One female reported using the bottle to feed one infant and feeding another infant at the breast. These findings revealed that breast feedings are used by the majority of these communal parents.

The majority of male and female communal parents reported that infants were breast fed on demand. These findings support the researcher's expectations.

Item 14. How were solid foods introduced into the child's diet?

Responses to Item 14 were coded to determine whether cues leading to the parental decision to introduce solid foods were infant-centered, parent-centered, or other-centered. Infant-centered cues were expected to be cited by the majority of communal parents as precipitating factors in their decision to introduce solid foods. Sixty per cent of the male and only 17% of the female responses reported that infant-centered cues influenced this decision. Conversely, 56% of the female and only 10% of the male responses indicated that the decision to introduce solid foods was based on parent-centered cues. Two female responses (11%) cited other-centered cues, i.e., suggestions from outside the immediate family, as determining their decision to introduce solid foods. Thirty per cent of the male and 17% of the female responses were ambivalent and uncodable.

The expectancy that infant-centered cues would be mentioned as a precipitating factor in the decision to introduce solid foods by the majority of these communal parents found support only among the male parents. The majority of the female parents reported that their decision

was based on their own concerns and reasons. Therefore, the parental response to Item 14 did not clearly support this researcher's expectations. There does not appear to be any definitive answer for why male and female responses to Item 14 differed. Any proposed reason for this differing male and female response would be assumption and not based on information collected by this research effort.

Item 15. At what age were solid foods introduced?

___ 0-1 month ___ 1-4 months ___ 4-6 months

___ 6-9 months ___ 1 year ___ 1-1/2 years

Since there were a number of parents with two children old enough to receive solid foods, the responses to Item 15 were treated separately for first and second children. This researcher included Item 15 on the inventory as an exploratory item and no expectation was formulated.

Proportionately more males (55%) than females (33%) indicated that solid foods were introduced in first children's diets at age four to six months. Forty-four per cent of the females and only 18% of the males reported that the introduction of solid food occurred between one to four months for first born. Age six to nine months was reported as the age of introduction of solid foods for first children by 27% of the males and 22% of the females. These data suggest that females tended to report earlier introduction of solid foods in first born diets than those reported by males.

Data concerning the introduction of solid foods to second born children suggest that this event occurs at a later time. Thirty-three percent of the females and 20% of the males reported that solid foods were introduced at age one to four months for second born. Introduction

of solid foods at age four to six months for second born was indicated by 40% of the males and 33% of the females. This event occurred for second children at age six to nine months according to 40% of the males and 33% of the females. Again, the data suggest that males tend to report the introduction of solid foods at later age periods than did females.

The weaning of infants is an early developmental goal in children's lives in which the management of children by parents can either enhance or debilitate future child/parent interactions. This transition from dependence on suckling and a diet of liquid nourishment to masticating solid foods can be a trying time for child and parent. With a sensitive awareness of the child's needs and great patience, parents can aid in making this process a smooth, unharried experience for their child. Without these skills, parents can help create a tense mealtime atmosphere resulting in insecurity and anxiety in their child. Again, basic messages about the nature of child/parent relationships are presented to those individuals involved in this effort. These messages set up behavioral expectations that then color (or influence) future interactions between child and parent. Three items were included on the inventory that asked parents about the infant's age when weaning began, why weaning was begun, and how weaning was accomplished. These items and the responses provided by participants are as follows:

Item 16. When was the child weaned?

___ before 6 months ___ 6 months - 1 year ___ 1 - 2 years

___ 2 - 3 years ___ 3 - 4 years ___ 4 - 5+ years

___ not yet weaned

Data concerning weanings of first-born and second-born children were treated separately. Prior observations of apparently prolonged suckling led this investigator to anticipate late weanings among communal children, however no specifically anticipated ages for these weanings were established.

Concerning first-born weanings, 44% of the female and 33% of the male response indicated that weaning occurred at age six months to one year. Forty-two per cent of the male and 28% of the female responses reported that weaning occurred at age one to two years. Weaning occurred at age two to three years according to 17% of the male and 11% of the female responses to the item. Two females (11%) and one male (8%) indicated that the first-born child was not yet weaned (these children were young infants under six months of age). Only one female (6%) reported a first-born weaning that occurred before the infant was six months old.

Weanings of second-born children appeared to occur slightly later than those reported for first-born children. Eighty percent of the male and 56% of the female responses reported that second born were weaned between one and two years of age. Twenty-two per cent of the female and 20% of the male responses indicated that their second born was not yet weaned. Two females (22%) reported second-born weanings occurred at age six months to one year. These results reveal a tendency for these communal parents to wean first born earlier whereas weanings of second born appear to be delayed with these second born being weaned between the ages of one to two years of age according to the majority of both male and female parents.

Item 17. Why was the child weaned?

___ M.D. request ___ parent decision

___ baby's loss of interest

___ mother's loss of interest

___ peer pressure

Item 17 was included in the inventory for purposes of delineating the underlying factors behind the parental decision to wean children. Weanings were expected by this researcher to occur primarily as a result of the baby's losing interest or because the baby seemed ready to wean. Thirty per cent of the female and 28% of the male responses indicated that weaning resulted from the baby's loss of interest. Sixty-one per cent of the male and 41% of the female responses reported that a parental decision to wean occurred. Mother's loss of interest precipitated weaning according to four females (15%) and one male (6%). Three per cent of the female and 6% of the male responses reported that the baby seemed ready so weaning was done. One female (4%) reported that a weaning resulted from a loss of mother's milk. No responses were recorded that indicated weaning by doctor's request.

The majority of males and almost half of the females indicated the reason for weaning was a parental decision. Although a substantial minority of both sexes reported that weaning resulted from baby's loss of interest, very few parents reported that weaning occurred because mother lost interest. Although some support was found for the contention that baby's loss of interest and lack of readiness led to weaning, the predominate rationale for weaning reported by communal parents was simply that a parental decision had been made.

Item 18. How was the child weaned?

___ child lost interest

___ child/parent negotiated a weaning contract

___ parent decision without consulting child

___ a period of mixed feeding modes with gradual weaning

___ child abruptly denied access to bottle/breast

The nature of the weaning process involves changes in dependency relationships between parent and child. Item 18 attempts to elicit an understanding of how these changes transpired for the communal subjects. Based on past experience with the weaning phase, this researcher expected the dominant response mode for Item 18 to be "a period of mixed feeding modes with gradual weaning."

As expected, the modal response provided by communal parents to Item 18 was "a period of mixed feeding modes with gradual weaning," which received 59% of the male and 41% of the female responses. A sudden weaning due to the baby's loss of interest in suckling was reported in 30% of the female and 17% of the male responses. Twelve per cent of the male and 11% of the female responses reported that weaning was a parental decision and the child was not consulted. Four females (15%) and only one male (6%) indicated that the child and parent negotiated a weaning contract (i.e., sensitivity to the child's feelings enabled the parent to match the tempo of weaning with the needs of the child). Only one female and one male responded that children were abruptly denied access to suckling.

The categories associated with Item 18 were intended to assess the extent of parental awareness and concern for their infant's needs and feelings surrounding the weaning process. Two of these categories

suggested parental sensitivity toward the child. The category that suggested a negotiated weaning contract between child and parent was designed to determine if parental sensitivity toward the child's feelings was high enough to accord the child negotiational powers through communicative channels. Some parents, both male and female, indicated that a weaning contract was negotiated. Weaning was reported to be a period of mixed feeding modes with gradual weaning and this category received the strongest response from both male and female parents. This category also suggests parental sensitivity to baby's needs.

Two categories associated with Item 18 imply a lack of parental concern for children's roles in weaning. Responses indicating either that weaning was a parental decision without consulting the child or that the child was abruptly denied access to the bottle or breast contain such implications. A minority of parents indicated these responses.

A loss of interest in nursing by the child can circumvent the issue of an extended, possibly anxiety-laden weaning. The parental responses reporting a relatively easy weaning due to baby's loss of interest in nursing were stronger than the combined responses implying parental lack of concern for children.

These results suggest that weanings are recognized by both male and female parents as involving sensitivity to children's needs and feelings. The majority of both sexes appeared to recognize the central role of children's needs in the weaning process.

Although some initial variance in the age at which communal children are weaned was apparent, this variance is due primarily to new

parents trying to satisfactorily wean their first born. As parents gained experiential expertise, there was some evidence that weanings began to occur between ages one and two. Prolonged nursing does rarely occur with communal children. Mothers involved in these prolonged nursings admitted to their occurrence and related to this researcher that these nursings were experimental. In conversations with communal parents, participants stated that these prolonged nursings were not beneficial and, though communalists were slow to pass value judgments on the actions of the others, these prolonged nursings (some of which have been observed to continue to age five or so) were secretly frowned upon. Prolonged nursings were perceived by communalists to have a deleterious effect upon the development of the child involved and serious questions about why the mother allows this activity to continue began to surface in the minds of those witnessing this occurrence.

The primary sources of human interaction patterns are in the associations of infants and children with their caretakers. Communal mothers and fathers were asked to indicate the sources of caretaking for infants, young children and older children. Responses to these items were expected to support contentions that fathers and other adults participated a great deal in child rearing.

Item 19. Who primarily tended the child as an infant?

___ mother ___ father ___ babysitter

___ relative (grandparent--extended kin)

___ personal friend ___ sibling

___ this function shared with other persons in the setting

For obvious reasons, mother was expected to receive the majority of male and female responses as the primary source of infant care. Seventy per cent of the female and 69% of the male responses indicated that mothers primarily tended infants. Father is a secondary tender of infants according to 24% of the male and 12% of the female responses. The sharing of infant care responsibilities with others in the setting was reported by another 12% of the female and only 7% of the male responses. Two female responses (5%) reported the use of baby-sitters and one female (2%) reported a relative as primary tenders of infants.

The majority of both sexes responded that mother primarily tends children in infancy. Male responses indicated that only one-quarter of these males perceived themselves as a primary caretaker for infants. Females responses cited father and others within the setting as being equally involved in infant child rearing. The females also reported a wider variety of infant caretaking resources than did the males.

These results support mother's central role during infancy. Mother's need for child care resources and the community outreach to provide these services begins in infancy. Single and working mothers, or simply active mothers, require persons available to them to serve as alternative caretakers of infants. This appears to be a fact of life about which few of the males seem fully aware.

A number of these mothers either worked or attended educational activities during their child's infancy, necessitating their utilization of other caretaking resources. The relatively low involvement of

fathers in infant caretaking revealed by the data did not support the expectations advanced by this researcher. However, the increased need by the family for father's performance of outside functions places more pressure on fathers to perform supportive roles outside the family during infancy. Many of these functions were previously part of the mother's role and the need for their continuance required that father take them over. However, since father's routine must be altered to compensate for mother's inability to perform outside the family, father has even less time to provide help with infant care.

In discussing his involvement with caring for the infants, "A__" remarked with pride that he did as much as he could to relieve his spouse of this responsibility. His wife supported these perceptions and remarked favorably on her husband's ability and motivation to aid with infant care. As the discussion came to an end, "A__" said, "I do everything she does except nurse, bathe the infant or change diapers. I can't stand to handle those dirty diapers." This father considers himself exceptionally supportive, yet leaves the dirty work for his wife. Although there were fathers among the participants that do bathe and change their children, this information was not presented during the course of this field research and "A's" remarks seem to typify the extent of male parental involvement in actual care provided by fathers for their infants.

Item 20. Who primarily tended the child as a toddler (1-1/2 - 4-1/2 years)?

___ mother ___ father ___ babysitter ___ relative

___ friend ___ sibling ___ shared function with others

___ day/play school in setting

The tending of young children was expected to be done by mothers and 56% of the male and 48% of the female responses indicated that mother tended the young child. Twenty per cent of the female and 37% of the male responses reported that father also tended the young child. Both sexes' responses showed an increase in father's participation in the rearing of young children.

Females again included a variety of caretaking resources that males neglected to include (see Table 1). Only 7% of the male responses included mention of anyone other than mother/father caretakers. Thirty-two percent of the female responses indicated caretakers other than mother/father. Listings that included father as caretaker showed more involvements with young children than with infants. The strongest increase in help with child care appears to come from sources outside the parental couple. A decrease in responses listing mother as a source of child care indicated a lessening of the dependency on mother for rearing of young children.

TABLE 1

CARETAKERS OF YOUNG CHILDREN

	Males		Females	
	No.	%	No.	%
Mother	15	56	25	48
Father	10	37	10	20
Babysitter	--	--	3	6
Relative	--	--	1	2
Friend	--	--	2	4
Sibling	--	--	1	2
Function shared in setting	1	3.5	5	10
Day/play school	1	3.5	4	8

Item 21. Who primarily tended the child (5 - 12 years old)?

___ mother ___ father ___ babysitter

___ relative ___ friend ___ sibling

___ peer group ___ public school ___ "free" school

___ shared function with others in setting

As children mature, their boundaries stretch further away from the home to encompass a growing number of outside influences in their lives. Item 21 asks about the sources of socialization for older children. Mother was identified as a caretaker for older children in 33% of the female and 46% of the male responses (see Table 2). Thirty-nine per cent of the male and only 11% of the female responses reported that father also tended older children. Females once again cited an even wider variety of sources of caretaking. Males once again neglected to include many of these sources among their responses. Only two males (15% of the male total) included public school as a source of child care and no other sources outside the parental couple appeared among the male responses.

A relaxing of mother's involvement with caring for children was indicated by the data. The response percentages of both males and females listing mother as tending older children fall off from an initial ±70% for infants to about 50% for young children and then finally to 35 - 45% for older children.

However, data on paternal child care reveals two differing patterns. Male responses indicated representative increases in father caretaking for children as they matured. Female responses revealed an increase in father caretaking for young children over that reported for infants and then a reverse shift in paternal levels of involvement in

TABLE 2

CARETAKERS OF OLDER CHILDREN

	Male		Female	
	No.	%	No.	%
Mother	6	46	15	33
Father	5	39	5	11
Relative	--	--	2	2
Friend	--	--	1	2
Peer Group	--	--	6	13
Public School	2	15	5	11
"Free" School	--	--	3	7
Function shared in setting	--	--	8	18

caretaking to a point similar to the levels suggested for paternal caretaking of infants appears in the data.

Females reported increasing levels of participation in child rearing by others as children mature. The majority of male participants neglected to report any participation in child rearing by individuals or groups other than mother/father. The expectation of this researcher that maternal roles were central sources of socialization and child care was supported. The assertion that fathers would appear to have high levels of participation in child rearing received mixed support. Participation in tending children by other adults was reportedly minimal for infants, yet continued to grow as the children did. The hypothesis that other adults participated a great deal in the lives of children at

all ages, though not strictly supported, nonetheless received credence from the data, particularly for older children.

Information about coupling and couple bonds was requested in the inventory. Communal parents were asked to report the number of mates in their lives. Seventy-seven per cent of the males and 47% of the females indicated that they had had only one mate (see Table 3). Two mates were reported by 32% of the females and only 8% of the males. About 15% of the males and 21% of the females indicated more than two mates during their lives.

TABLE 3

MATES REPORTED

	Male		Female	
	No.	%	No.	%
One	10	76.9	9	47.4
Two	1	7.7	6	31.6
Three	0	0.0	2	10.5
Four	0	0.0	1	5.3
Five	1	7.7	1	5.3
Six	1	7.7	0	0.0

Since many of these communal couples maintained social contract marriages (i.e., they live together without the traditional marriage vows), this researcher expected to find somewhat unstable bonding among the couples. Contrary to this expectation, both sexes reported rather stable mating associations. The fact that female single parents comprised approximately one quarter of the women subjects and that male

single parents are relatively rare helped explain the minor differences between couple bonding reflected in male and female responses about mates. Females are caretakers of children, this has been a part of the feminine role within the majority of cultures past and present. Therefore, when couples disintegrate, the female parent remains responsible for the children whereas the male parent can (and most often does) detach from the family. Therefore, few male child-rearers studied in this research displayed this unstable mating pattern; males with such backgrounds were simply not available for study due to their mobility. Female parents displayed a minimal amount of these unstable mating patterns. We must recognize the supportive needs of these mothers and their children as conducive to some searching efforts on the mother's part of appropriate mates for themselves and father figures for their offspring.

Parents were also asked to specify the parental status of their current mates. Seventy-seven per cent of the males and 47% of the females indicated that the person they currently lived with was the parent of their children. Fifty-three per cent of the females and 23% of the males reported that their current partner was not the parent of their children. The majority of males currently resided with their child's parent and the majority of the females did not. There appeared to be an almost equal amount of females living with their children's parent as females who did not reside with their children's parent. These results suggest a minimal amount of unstable parental bonding. Many of these former paternal mates were not present to be included in this study and female single parents left alone to rear the offspring have and do seek out appropriate partners.

Although some disintegrative mating patterns were discovered among these communal parents, the frequency of their occurrence was lower than that anticipated by this researcher. Also, since mothers were typically left to care for children while fathers were free to move away from the family, the effects of these disintegrated mating bonds were more fully felt among the female subjects.

Communal parents were asked to provide a short family history for themselves, their mates, and their children. These histories were to begin with each person's independence from their parents and to include any relevant information about residential resettlements, etc. that would aid in explaining why they came to be where they were, doing what they did. This researcher expected communal parents to report numerous changes of residences and locales since the freedom to be mobile had been reported by other researchers as being inherently valued by communalists.

The histories provided by participants were read and each mention of a change in residential location was noted. Twenty-seven per cent of the males and 33% of the females included two major resettlements in their family histories (see Table 4). Three resettlements were indicated in the family histories of 28% of the females and 35% of the males.

Geographic resettlements can have disruptive effects on couples and families, particularly when such moves become excessive. These results suggest that geographic mobility has not been disruptive of the day-to-day life of these child rearers. These data lend no support for or against the hypothesis that couples would be unstable. However, they

TABLE 4

RESIDENTIAL RESETTLEMENTS REPORTED

	Male		Female	
	No.	%	No.	%
Two	3	27.3	6	33.3
Three	4	36.4	5	27.8
Four	1	9.1	2	11.1
Five	1	9.1	1	5.6
Six	1	9.1	2	11.1
Seven	1	9.1	0	0.0
Eight or more	0	0.0	2	11.1

do appear to indicate that multiple residential resettlements may have influenced couple bonding in a minority of the subjects.

Unstable bonding does exist among communal couples and, although more females than males reported difficulty with mates, the overall level of bonds reported to have disintegrated was lower than that anticipated by this researcher.

Twenty of the children whose parents participated in this research were in school. Only two male offspring appeared to have any aversion to the academic environment. One preadolescent male was not attending formalized schooling for a year while living with his father because he had indicated a strong desire not to go to school. Another male beginning his transition into adolescence developed severe anxiety within the school setting and was allowed to attend school when he felt good about going.

Male and female parents were asked to report their children's feelings toward school and to list any favorite educational activities enjoyed by the children. Eighty-two percent of the males and 88% of the females reported that their children enjoyed school. Twelve per cent of the females and 18% of the males made ambivalent responses when asked if their children enjoy school.

When asked to list the favorite school activities of their children, the majority of both male and female parents listed between one and three such activities. Favorite activities generally reported included art, music, dance and reading. Thirty-nine per cent of the females and 20% of the males listed three educational activities for their children. Two favorite school activities appeared on the lists of 40% of the males and 31% of the females. One favorite school activity was listed by 30% of the males and none of the females. Two females (15%) listed four favorite school activities and one female (8%) reported eight or more favorite learning activities for their children. Only one male (10%) and one female (8%) reported non-specific information in response.

This researcher expected communal parents to report that children did not like school and that their children had few favorite activities associated with school. These people all live in alternative lifestyles and consequently occupy life spaces somewhat marginal to the suburban commuter mainstream society so familiar to the majority of today's families. Consequently, any sharing of institutional boundaries between these marginal families with controlling institutions (i.e., school, medicine, law, etc.) were expected by the researcher to be areas

of probable values conflicts. Therefore, parents were asked to indicate their children's feelings toward schooling and learning activities.

The overwhelming majority of these communal children did enjoy school according to their parents. One interesting result was that male parents did not report the variety of educational activities enjoyed by their children that female responses indicated. Literature and the arts predominate among the listings of favorite activities provided by parents. The contention that communal children would not like school and educational activities was not supported.

One very important area of concern is the health care provided for children by their caretakers. Health care is another area in which members of the family contact individuals from other social settings. As one very important aspect of social support systems for child rearing is a series of inquiries about access to health care resources and parental use of these resources, it was included in the inventory.

Since the subjects' lifestyles were believed by this researcher to indicate more naturalistic values, this researcher expected data to reveal parental reliance on natural healing processes. Another expectation was that, since these parents were successful child rearers, they would include the use of appropriate medical professionals in their resources from which health care for children was made available to the child. Also, since differences in values held by many medical professionals and communal members were believed by this researcher to exist, facilitating cooperative health care for these communalists could create conflicts between these child rearers and mainstream health care professionals.

Health care for children begins, ideally, when the realization that a conception and decision to give birth leads the prospective parent(s) to begin prenatal care. Prenatal care includes an emphasis on physical, nutritional, and medical health of the pregnant mother. The communal parents in this research were expected to report that prenatal care began early in pregnancy. An informal telephone survey of local Chico-area obstetricians revealed that they prefer beginning the prenatal care within the first three months of pregnancy.

When asked about the onset of prenatal care, all the males and almost all the females indicated that prenatal care began during the first trimester of pregnancy. Prenatal care beginning in the first month of pregnancy was reported by 33% of the male and only 6% of the female responses. Twenty-two per cent of the female and 11% of the male responses reported the onset of prenatal care as six weeks of pregnancy. Twenty-two per cent of both male and female responses reported beginning prenatal care at eight weeks of pregnancy. Prenatal care onset at twelve weeks of pregnancy was indicated by 28% of the female and 33% of the male responses. Four females (22% of female responses) reported the onset of prenatal care between fourteen and sixteen weeks of pregnancy. All but four of the participating communal parents reported that prenatal care began within the first trimester of pregnancy.

Prenatal care is recommended by many medical professionals to begin as early as possible, hopefully within the first trimester of pregnancy. The overwhelming majority of communal parents reported that prenatal care was indeed begun during the first trimester of pregnancy.

The data suggest that parental investment in communal children's health did begin early in their embryonic existence within the mother.

Prenatal consultations provide opportunity for prospective parents to gain information conducive to an overall healthy birth. Since this researcher believed that interactions between traditional prenatal consultants (i.e., gynecologists, obstetricians, clinicians and staffing personnel) were sources of values conflicts, the anticipated responses of communal parents concerning the quantity of prenatal consultation were expected to reveal that these communalists tended to have few consultations.

When asked to indicate the extent of prenatal consultation, 45% of the male and 61% of the female responses reported eight or more prenatal consultations. Twenty-five per cent of the female and 33% of the male responses indicated four to eight prenatal consultations. Only 14% of the female and 22% of the male responses reported one to three prenatal consultations. These data suggest a tendency among communalist child rearers to engage in multiple prenatal consultations.

Although these communal parents were expected to report a minimum of prenatal consultations, the results of this research indicated that these parents tended to experience a multiplicity of such consultations. These data did not support the expressed hypothesis, yet they did support the contention that these parents are highly involved in child rearing, for they revealed that these parents invested themselves in child rearing prenatally.

Another issue pertinent to prenatal consultations was with whom these consultations were conducted. To determine a qualitative

understanding of the differing levels of expertise sought out by prospective parents, individual parents were requested to indicate which types of medical care personnel were included in these prenatal consultations. A basic distinction between general practitioners (M.D.) and obstetricians (O.B.) was made on the researcher's belief that, although many general practitioners do provide prenatal and natal medical services, obstetricians provide the additional quality of being specialists within this area of knowledge.

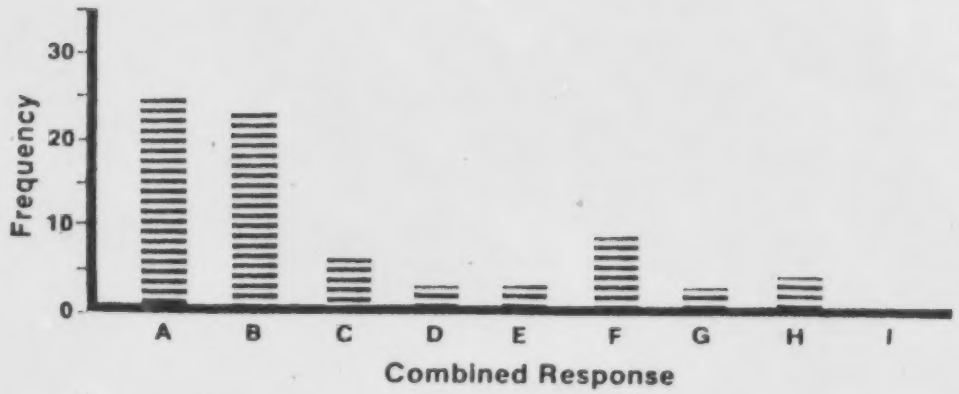
When queried about the quality of medical personnel consulted prenatally, 41% of the male and 32% of the female responses indicated that a medical doctor was consulted (see Figure 2). Consultations with obstetricians were reported by 32% of the female and 36% of the male responses. A personal friend in medicine was reportedly consulted by 14% of the male and 11% of the female responses. Various other prenatal consultants from other levels of the medical professions were incidentally involved in prenatal consultations with these communal parents.

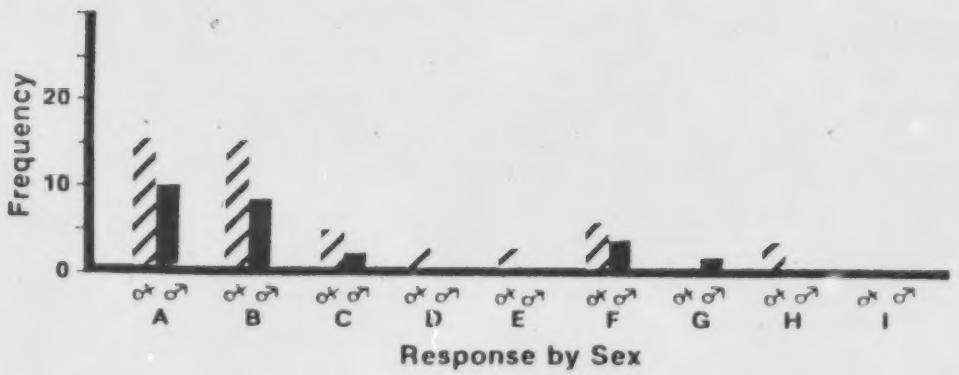
Almost all the communal parents involved in this research reported that prenatal consultations were conducted with both general practitioners and obstetricians (specialists in prenatal and natal care). Little reliance on other levels of health care professional was reported by these parents. The hypothesis that possibly poor interactions with mainstream medical professionals would be reflected in a tendency among these "new age" parents to consult prenatally with less qualified experts was not supported.

The increased mobility of people living in communal environments and unsatisfactory communications due to values conflicts were believed

Child Rearing Questionnaire

Item #9 What health care personnel were consulted prior to birth?





A — MD
B — OB
C — RN
D — LVN
E — Public Health Nurse
F — Personal Friend in Medicine
G — Chiropractor
H — Midwife

Combined =
Male =
Female =

	% (adjusted) ♂	♀	combined
A	41	32	35
B	36	32	33
C	4.5	9	8
D	-	4.5	3
E	-	4.5	3
F	14	11	12
G	4.5	-	2
H	-	7	4
	100	100	100
s			
$\bar{x}$			
mode	A	A,B	A
$t =$		± 1.81	

Figure 2. Item 9 (C.R.Q.) — Composite of Scores

by this researcher to be possible causes for a possible change in doctors during pregnancy. To assess the consistency and continuity of prenatal health care provided by doctors, these parents were to indicate if a change of doctors occurred during pregnancy. This researcher anticipated that, due to the aforementioned sources of interference, communal parents would report that a change of doctors did occur during the pregnancy period.

When asked about a prenatal change in doctors, 64% of the male and 65% of the female responses reported that they did not change doctors during the pregnancy. A change of doctors during pregnancy was indicated by 35% of the female and 36% of the male responses. The clear majority of communal parents reported that no change of doctors had occurred. These data reveal that the majority of these communalist parents reported that they successfully relied on a single doctor during the pregnancy. The hypothesis that communalists would report discontinuous relationships with their doctors due to lifestyle-related differences was not supported.

Ongoing health care for children after their birth is another important resource for child rearers. Inquiries into the frequency and quality of medical care for communal children were included in the inventory to determine an understanding of the extent of prenatal concern for children's health care after birth among communal parents. Again, it was believed by this researcher that sources of values conflicts due to environmental differences in lifestyles would be reflected in a low frequency of medical care for children and low reliance on higher levels of medical professionals, particularly specialists in this area of knowledge (i.e., pediatricians).

When asked to indicate the frequency of medical care for children, 42% of the female and 33% of the male responses indicated that their children seldom receive medical care. Children occasionally receive medical care according to 17% of the male and 26% of the female responses. Thirty-three per cent of the male and 16% of the female responses reported that their children routinely visit a doctor or well-baby clinic. Only three females (16%) and one male (8%) responded that their children never receive medical care. One male (8% of the male response) responded in an ambivalent manner.

These data indicate that communal children probably receive medical care when their parent(s) deem such care important. Indeed, though these people live in rural settings distant to medical facilities, about one-third of the male and one-sixth of the female responses indicated that their children routinely receive medical care. One implication of these results is that the need for medical care for communal children seldom occurs. These data do not support the hypothesis that communal parents responses would reveal their low reliance on medical professionals. Although some parents openly admitted that their children have never received medical care since birth, and large proportions of these individuals reported that their children seldom receive medical care, invariably these individuals would add in explanation that such low incidences of medical care from medical professionals were due to their children's good health.

As for the quality of health care received by communal children, parents were asked to indicate the professional levels of health care that their children have received since birth. The researcher expected

that these communalists would respond in a manner that would indicate their reliance on natural healing processes. A tendency to exclude medical care from the higher level medical professionals, in particular medical specialists (i.e., pediatricians), in health care for communal children was also expected to be revealed by data.

When the communal parents were asked to indicate the sources of health care for children, 45% of the male and 26% of the female responses included medical doctors (i.e., general practitioners) among the sources from which their children received health care. Pediatricians were listed as a source of health care for their children by 28% of the female and 19% of the male responses. Twenty-six per cent of the female and 16% of the male responses indicated that their children had received health care from a public health nurse or at a "well baby" clinic (i.e., a public supported clinic specially designed to focus on children's health care needs within a service area). Health care for their children was received from a natural health practitioner (i.e., someone having health-related expertise, yet without benefit of the traditional training and licensing) according to 19% of the male and 14% of the female responses. Three females (6% of the total female response to this item) reported that their children had received health care at a children's clinic (i.e., private clinics devoted to providing health care facilities for children).

Contrary to the researcher's expectation, these communal parents responded that their children had received health care from a variety of levels of medical professionals. Support for the inclusion of a variety of such professionals was noted particularly among the female responses. Males tended to report health care received by their children was from a

general practitioner (M.D.). Some communal parents reported that their children received health care from medical specialists in children's health (i.e., pediatricians and specialized clinics). These data suggest that communal parents do include high quality medical professionals among their resources for children's health care.

Results of the responses to items concerned with medical consultations and health care for children provided no support for the hypothesis that communal parents would exhibit a low reliance on medical professionals. Early onset of prenatal care combined with multiple prenatal consultations with medical professionals tended to occur among these communalists. Although prenatal consultations may include a variety of individuals with differing medical expertise, these communal parents tended to report that these consultations were with highly qualified medical professionals (i.e., a licensed general practitioner or obstetrician). The majority of these communal parents indicated that no change of doctors occurred during pregnancy. Communal children reportedly received health care from a variety of qualified medical sources. Although such health care was reported to seldom or occasionally occur, communal parents invariably explained that care was seldom needed since their children enjoyed good health. These data reveal that appropriate, high quality health care for their children begins early for communal parents and the success of the ongoing health care provided by communal parents is reflected in good health for their children.

The nature of the punishment and discipline provided for children by parents is a major responsibility for any child rearer. Parental expectations for their children and the necessity to maintain

some modicum of parentally asserted control of childhood behaviors aid in shaping their children's ability to cope with future authority figures. The development of acceptable roles (i.e., patterned and expected behavioral parameters) within the characters of children can be facilitated by parental ability to establish and maintain good, wholesome communications while providing needed parental controls and interventions for childhood behaviors.

Communal parents were asked to reply to four questions about their reactions to behavioral mishaps by children, the types of childhood behaviors they disapproved of and the methods by which they control their children. This researcher expected these communal parents to display rather permissive approaches to child rearing in their responses to these items.

Item 22. How do you react when your child accidently breaks something?

___ ignore behavior ___ discuss problem ___ scold/yell
___ make child feel guilty ___ withdraw affection
___ restriction ___ isolation ___ physical punishment

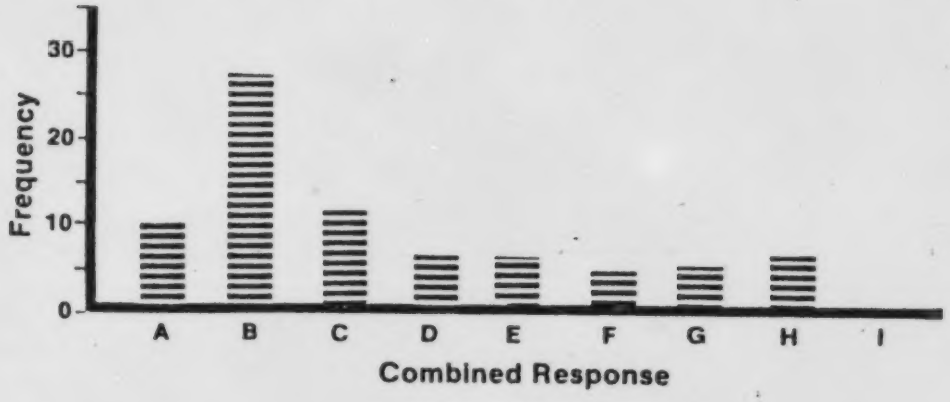
When asked to indicate their reaction to a situation in which their child accidently breaks something, the majority of these communal parents were expected by this researcher to report benign, primarily verbal reactions. Low incidences of reported highly punitive reactions, physical/psychological or verbal/non-verbal, were anticipated by the researcher.

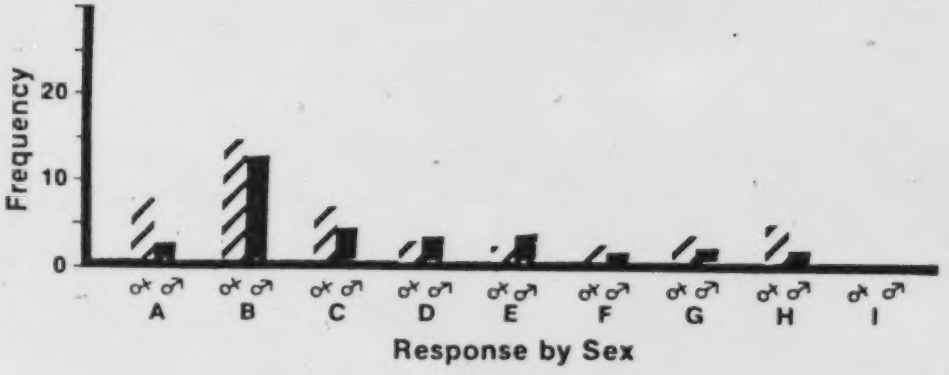
When reporting their reactions to accidental breakage by their children, 44% of the male and 35% of the female responses indicated that they discuss the problem with the child (see Figure 3). Scolding or

FIGURE 3

Child Rearing Questionnaire

Item #22 How do you react when your child accidentally breaks something?





A — Ignore behavior
B — Discuss problem
C — Scold/yell
D — Make child feel guilty
E — Withdraw affection
F — Restriction
G — Isolation
H — Physical punishment

Combined =
Male =
Female =

	% (adjusted) ♂	♂	combined
A	7	17.5	13
B	44	35	39
C	15	15	15
D	11	5	8
E	11	5	8
F	4	5	5
G	4	7.5	6
H	4	10	8
	100	100	100
$\bar{x}$			
mode	B	B	B

Figure 3. Item 22 (C.R.Q.) — Composite of Scores

yelling at the child was a reaction reported by only 15% of the female and 15% of the male responses. Eighteen per cent of the female and just 7% of the male responses indicated that parents ignored accidental breakages by their children. Eleven per cent of the male and only 5% of the female responses reported that the parents respond to such situations by making the child feel guilty and the same proportions of these communal parents indicated that they withdraw affection. Ten per cent of the female and only 4% of the male responses indicated that physical punishment occurs when their children accidentally break something. Only 4% of the male and 7.5% of the female responses reported the use of isolation as a parental reaction to the situation. Five per cent of the female and another 4% of the male responses indicated that restriction was used by these parents to punish or discipline the child that accidentally breaks.

When asked to indicate how they perceive their reactions to accidental breakages by their children, the majority of these communal parents typically indicated that they reacted by discussing the problem with the offending children. Lower levels of responses indicated that a typical reaction did not include the other, more punitive behavioral alternatives. The data support the hypothesis that rather permissive approaches are practiced by these communal parents, at least in a situation involving accidental breakages by children.

Item 23. How do you react when your child intentionally disobeys?

___ ignore behavior ___ discuss problem ___ scold/yell
___ make child feel guilty ___ withdraw affection
___ restriction ___ isolation ___ physical punishment

Communal parents were also asked to indicate their reaction to a situation in which their children intentionally disobey. Since the researcher believed these parents to be rather permissive, the results were expected to reflect permissiveness, yet indicate more punitive types of reactions than those reported for the less serious breakage situation. Although these parents were expected to indicate more severe behavioral reactions, these reactions were expected to consist primarily of verbal-psychological forms rather than non-verbal/physical.

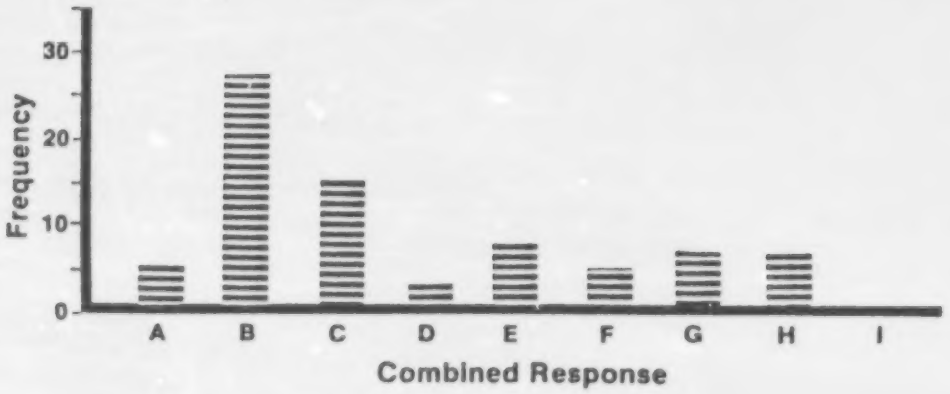
When the communal parents were asked about their reactions to a child that intentionally disobeys, 41% of the male and 36% of the female response indicated that they discuss the problem with the offending child (see Figure 4). Twenty-one per cent of the female and 19% of the male responses reported that they scold or yell at children. Withdrawal of affection was the reaction indicated by 15% of the male and only 7% of the female responses. Nine and a half per cent of the female and 7% of the male responses reported isolation as a reaction used when confronted with children who intentionally disobey. Another 9.5% of the female and 7% of the male responses reported the use of physical punishment for disobeying children. Only 4% of the male and 7% of the female responses reported that these parents ignored their disobeying children. Only 5% of the female and no male responses indicated that parental reactions included inducing guilt as a punishment technique for children intentionally disobeying. The typical reaction reported was indeed more punitive, yet primarily of a verbal nature.

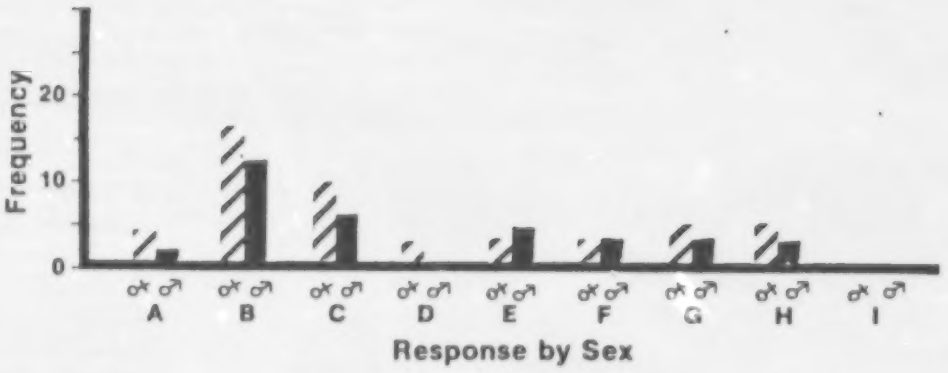
Although more parents did include a wider variety of more punitive types of behavioral reactions to children who intentionally

FIGURE 4

Child Rearing Questionnaire

Item #23 How do you react when your child intentionally disobeys?





A — Ignore behavior
B — Discuss problem
C — Scold/Yell
D — Make child feel guilty
E — Withdraw affection
F — Restriction
G — Isolation
H — Physical punishment

	% (adjusted)		
	♂	♀	combined
A	4	7	6
B	41	36	37
C	19	21	20
D	-	5	3
E	15	7	10
F	7	5	6
G	7	9.5	9
H	7	9.5	9
	100	100	100
mode	B	B	B

Combined =
Male =
Female =

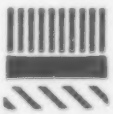


Figure 4 Item 23 (C.R.Q.) — Composite of Scores

disobey, these reactions were primarily reported by communal parents to be typically verbal in nature (i.e., discussion with the child or scolding and yelling at the child). The parental responses indicated less tendency to ignore disobeying behaviors than those reported for accidental breakage situations.

Parental reponses to both offending situations indicate that the communal parents supported use of more moderated behavioral reactions typically including strictly verbal/psychological discipline approaches rather than physical/non-verbal. The data provide support for the hypothesis that the communal parents utilize permissive approaches to punishment and discipline for their children.

Child rearers help shape character by expression of acceptance or rejection of behavior modeled by children. To gain insight into the types of behaviors children engaged in that communal parents disliked or disapproved of, the subjects were asked to indicate these kinds of behaviors on a checklist provided by the researcher. Since parents were believed to be most apt to intervene in situations involving these behaviors, they exemplify areas of behavior for which punishment, discipline or some type of parental control would be exercised.

The communal parents, due to prior experiences by the researcher, were expected to disapprove of sugar foods, television, and play with guns because of their non-violence, vast-wasteland-images of television media and their nutritional awareness. Other disapproved behaviors and their varying sensitivity to the communal dwellers were an area in which the researcher lacked insight. However, the hypothesis that the communal dwellers would display permissive, liberal responses was expected to be supported.

Since this item can be responded to in a wide variety of manners, percentages presented here reflect proportions of total responses to the item. For purposes of clarification, graphic illustrations were provided. Salient response characteristics for this item may be identified by referral to Figure 5.

Parents were asked to indicate the type of behavior engaged in by children of which they disapproved. Since these parents were expected to indicate permissiveness, the researcher expected that the communal parents would forbid or strongly discourage very few behaviors. The most frequently chosen category was eating sugar foods with 25% of the male and 25% of the female responses (see Figure 5). Whining was reported as a forbidden or strongly discouraged behavior by 23% of the female and 19% of the male responses. Fifteen per cent of the male and 6% of the female responses included television as a forbidden or discouraged behavior for their children. Tantrums were reported as disapproved behavior by 7.5% of the female and 13% of the male responses. Eleven per cent of the male and 11% of the female responses included play with guns as forbidden or strongly discouraged behavior for their children.

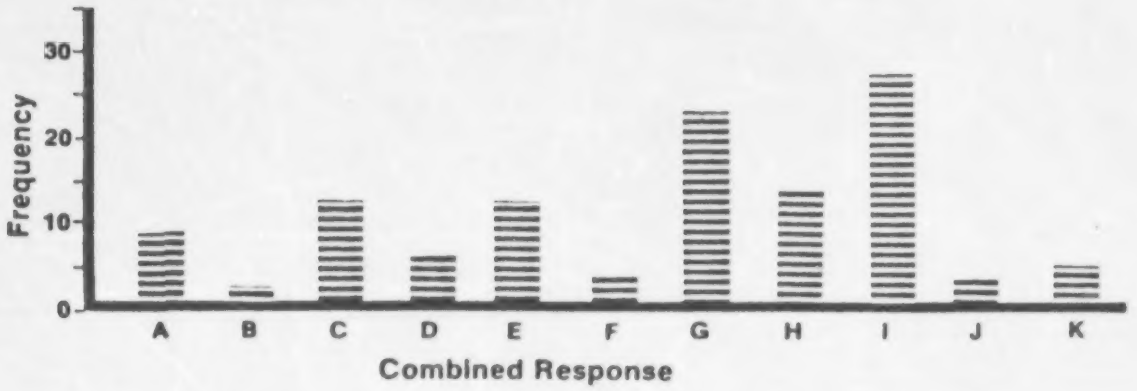
The five behaviors that the communal parents most often reported as forbidden or strongly discouraged in their children were eating sugar foods, whining, television, tantrums, and play with guns, respectively. Figure 5 indicates that eating sugar foods and whining were the behaviors typically included among the parental listings of unfavorable child behaviors by the communalists.

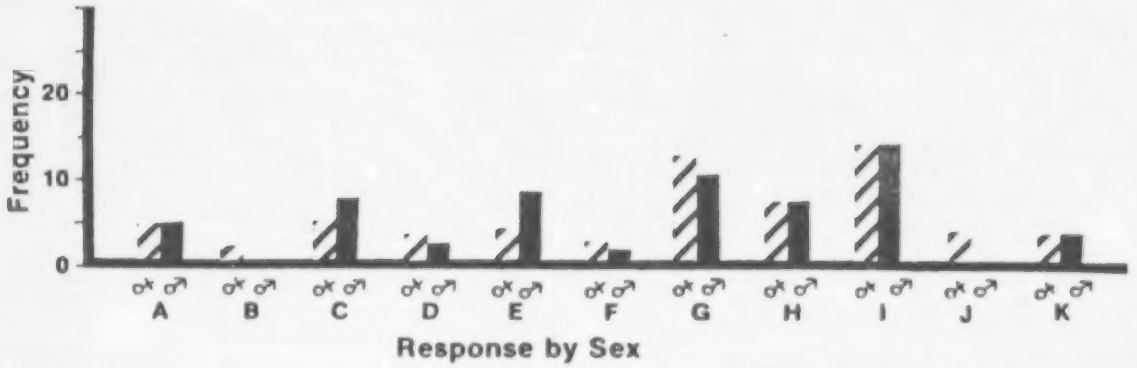
A number of the categories of childhood behaviors were seldom indicated by parents to be forbidden or strongly discouraged. Genital

FIGURE 5

Child Rearing Questionnaire

Item #24 What behaviors are forbidden or strongly discouraged in the child?





A — Drugs
B — Genital sexuality
C — Tantrums
D — Verbal anger
E — Television
F — Crying
G — Whining
H — Play with guns
I — Eating sugar foods
J — None
K — Other

Combined =
Male =
Female =

	% (adjusted) ♂	♂ combined	
A	7	7.5	8
B	-	2	1
C	13	7.5	8
C	13	7.5	10
D	4	6	5
E	15	6	10
F	2	4	3
G	19	23	21
H	11	11	11
I	25	25	25
J	-	4	2
K	4	4	4
	100	100	100
s			8.14
$\bar{x}$			9.54
mode	I	I	

Figure 5 Item 24 (C.R.Q.) — Composite of Scores

sexuality received the least response, with no male responses and only 2% of the female responses (see Figure 5). Four per cent of the female and 2% of the male responses reported crying was a disapproved behavior. Verbal anger expressed by their children was reported to be forbidden or strongly discouraged by 4% of the male and 6% of the female responses. Seven and a half per cent of the female and 7% of the male responses reported that drugs were forbidden or discouraged for children. The five childhood behaviors least indicated as unacceptable by communal parents were (in order of ascending response strength) genital sexuality, crying, verbal anger, and drugs.

Only two childhood behaviors were included among the majority of parental listings of forbidden or strongly discouraged activities, eating sugar foods and whining. The parental responses indicated a minimal amount of disfavor for most of the categories of behaviors provided by the researcher, providing support for the hypothesis that the communal parents were indeed permissive child rearers.

A number of participants commented that some of the activities had not as yet occurred and consequently they had not formulated definitive opinions about some of the childhood behaviors. However, since many seemingly unfavorable childhood activities were not moralistically precluded and only two innocuous behaviors appeared to be forbidden or discouraged by the majority, the hypothesis that the communalists were permissive about child rearing was supported.

The parental manner and versatility of controlling children is another important ability that child rearers require. Item 27 asked parents about the kinds of social controls they used. The researcher

Item 27. What kinds of things do you do to get your child to do what you want?

___ ask or request ___ tell the child to do it

___ explain/reason with the child ___ reward or bribe

___ threaten or scold ___ spank ___ restriction

___ assign/schedule

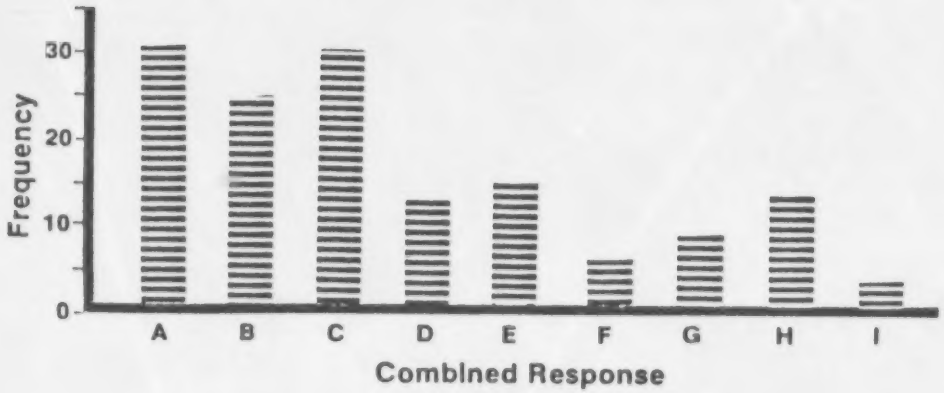
expected permissive parents to report that they used only a few verbal types of controls for children. Parents reporting various, more punitive controls would be determined to be strict parents. Since the communal parents were expected to illustrate permissive approaches, few mainly verbal controls were expected to be reported.

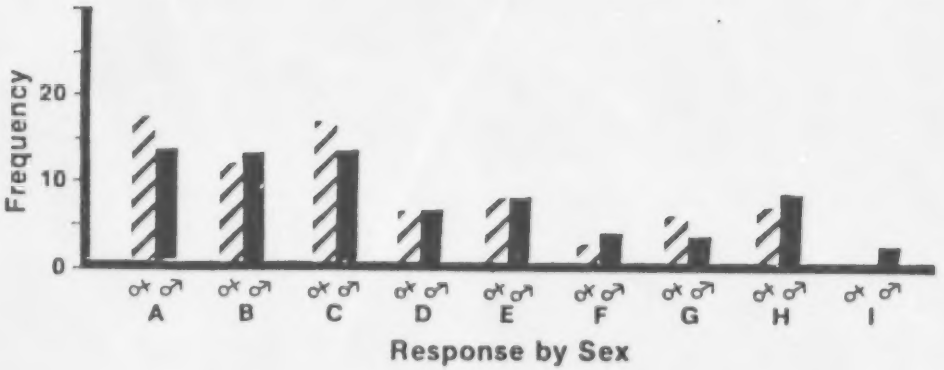
Percentages reported are proportions of total responses provided by each sex. Parental responses varied a great deal between participants, therefore a graphic illustration (see Figure 6) is presented to aid clarification of categorical profiles.

When asked about parental controls, 23% of the female and 20% of the male responses indicated that they generally ask or request the children to comply. Similarly, 23% of the female and 20% of the male responses reported that parents controlled their children by explaining or reasoning with them. Controlling children by telling them to do it (ordering or commanding) was reported by 18% of the male and 16% of the female responses. Eleven per cent of the male and 10% of the female responses reported that parents threaten or scold children. Making assignments or scheduling children was a parental control reported by 11% of the male and 9% of the female responses. Nine per cent of the female and 9% of the male responses indicated that parents controlled

Child Rearing Questionnaire

Item #27 What kinds of things do you do to get your child to do what you want?





A — Ask or Request
B — Tell the child to do it
C — Explain/Reason with the child
D — Reward or bribe
E — Threaten or scold
F — Spank
G — Restriction
H — Assign or schedule
I — Other

Combined =
Male =
Female =

	% (adjusted)		
	♂	♀	combined
A	20	23	21
B	18	16	17
C	20	23	21
D	9	9	9
E	11	10	10
F	4	3	4
G	4	7	6
H	11	9	10
I	3	-	2
	100	100	100
s			
$\bar{x}$			
mode	A,C	A,C	A,C

Figure 6. Item 27 (C.R.Q.) — Composite of Scores

their children's behavior by either rewarding or bribing their children. Restriction (i.e., denial of privileges) was reported by only 7% of the female and 4% of the male responses. Spanking children to control their behavior was reported by only 4% of the male and 3% of the female responses. Two males (3% of male responses) responded that additional, unspecified controls were also used. The majority of the communal parents included three verbal controls for children among their listings: asking or requesting, explaining or reasoning, and telling (ordering or commanding).

The most commonly indicated class of controls used by communal parents was verbal. Equal proportions of parents reported asking or requesting and explaining or reasoning. Slightly more males order or command children, though the majority of both sexes include the category among those used. Although a substantial minority of the communal parents reported stricter controls, the majority maintained verbal controls, supporting the hypothesis that the communal parents were permissive.

Genealogical information about occupations and religions of three parental generations (the parents studied, their parents and grandparents) were requested in the inventory. This information was categorized to determine if any trends could be determined. The researcher expected to note some changes between generations and anticipated that the communal parents responses would indicate their disaffiliation with their religious and occupational heritage.

The contention of the researcher is that the communal child rearers participating in this study comprise a group of multi-skilled individuals possessing all the intellectual ability that a middle class

or better education and upbringing can provide. As members of "new age" communal families, they represent a social movement away from mainstream society and toward alternative lifestyles. The researcher expected occupational and religious information to demonstrate that the communalists were from upwardly mobile middle-class families with traditional western religious beliefs. Results were also expected to indicate that the subjects, though qualified and capable, were downwardly mobile and lacked any traditionally western religious beliefs.

Occupations reported were classified as professional (i.e., doctors, educators, businessmen, engineers, etc.), white collar (i.e., clerical, sales and lower management), and blue collar (i.e., farmers, steelworkers, laborers, craftsmen, artisans, etc.). These occupational categories were based on A. B. Hollingshead's Index of Social Position (1957). Occupations for women also included housewife as a separate classification. Occupational information is presented for male and female occupations and reported for each of three family generations; first generation (parents' grandparents), second generation (parents' parents) and third generation (parents).

Male occupations reported for the first generation (parents' grandparents) were 41% professional, 9% white collar and 50% blue collar. Evidences of some upward occupational mobility were presented by the data, since male occupations reported for the second generation (parents' parents) revealed a slight rise in the proportions of professionals (53%) and white collar jobs (16%) and a decrease in blue collar occupations reported (31%). This trend of upward occupational mobility was indeed reversed in male occupations reported for the third generation, with an upsurge in blue collar jobs (57%) and less

professional (35%) and white collar occupations (8%) reported. These trends were most obvious in comparisons of reported blue collar occupations for each generation.

Differences in blue collar occupations reported for men revealed that the second generation (parents' parents) held proportionately fewer blue collar positions than their parents, the first generation (parents' grandparents). This shift away from blue collar occupations was then reversed and an increase in blue collar jobs reported for the third generation (the communal parents) marked a trend toward blue collar jobs of such strength that proportions of blue collar occupations for third generation exceeded those found for the first generation (the parents' grandparents).

Data provided on maternal occupations revealed a trend away from housewifery toward initially professional and white collar occupations with a third generational change in this trend toward blue collar occupations. Maternal occupations reported for the first generation (parents' grandparents) were 87% housewives, 8% blue collar, 5% white collar and no professional occupations for first generation mothers were reported. Occupations reported for second generation mothers (parents' parents) revealed fewer housewives (44%) and blue collar (3%), and more professional (21%) and white collar (32%) occupations. Occupations reported for the third maternal generation (communal parents) were mostly blue collar (64%). Fewer professional (14%), white collar (10%) and housewife (12%) occupations were reported for the third generation mothers than those reported for second generation (the parents' parents).

The major trend in maternal occupations reported was away from housewife occupations. A secondary trend toward professional and white

collar occupations for women between the first and second maternal generation showed a reversal with an upsurge in blue collar occupations reported for third generation females.

Data on intergenerational changes in occupations reported for three family generations by communal parents revealed evidence that the communal parents were downwardly mobile offspring of upwardly mobile families. Male occupational trends away from blue collar toward higher status occupations showed a reversal back to a majority of blue collar jobs reported for the third generation (communal parents). Female occupational trends identified included a continuing trend away from housewife occupations reported for all three maternal generations. Another trend toward more professional and white collar occupations for members of the second maternal generation was reversed and the majority of communal mother's occupations reported were blue collar. The hypothesis that changes in family lifestyle would be reflected in occupational trend reversals was supported.

As one example of how occupational considerations appeared to change with lifestyle, consider a couple, the "T s", that participated. The "Ts" were both offspring of well placed East coast families. His forefathers were high ranked academicians with positions in prestigious universities. Her background was obviously monied as well, with only the best of finishing school upbringing and riding school preoccupations. Yet they lived together, in love, in the relative obscurity of a western commune midst forested foothills. A short journey up a footpath through the undergrowth led to their simple cabin of logs and rough-cut cedar.

When queried about their upbringings, the "Ts" seemed to avoid going into much detail. At first glance, the "Ts" look just like many

of the other young mountain couples who neighbor them. The "Ts" lived much differently than they were reared. They lived with a minimal income and worked seasonally as laborers to provide what little monies they needed. Both were active in community volunteer programs and worked as paraprofessionals in community services. Their young family was beginning to grow, but differently from those of their parents'.

The participants have moved to more "natural," rural environments where specialized occupational roles for which they have been reared were neglected in favor of more rudimentary blue collar skills. As manually skilled artisans and craftsmen, these people were successfully employed in rural job markets. Since many possessed education and specialized experience in professional level occupations, these communards not only served as resource persons within their settings, they enjoyed the personal security of knowing that higher salaries await them should they decide to return to mainstream society.

Information about the religions of the three familial generations was collected. The data was content analyzed and appropriately categorized into three western religious movements (i.e., protestant, catholic, and jewish). Some information was not specific enough to allow the researcher to apply such labels and therefore the creation of less specific, more generalistic labels (i.e., Christian, agnostic, etc.) was necessitated. The researcher anticipated that the data would reveal that the communal parents' religions differed dramatically from the more traditional religious backgrounds of their forebears.

Information about the religions of the first generation of the family (these parents' grandparents) proved to be easily classified.

The majority of religions reported for the first generation were traditional protestant beliefs; 64% of the first generation were reported Protestants. Twenty-two per cent of the religions reported for the first generation were Jewish and 8% were reported to have been Catholics. Only 3% of the first generations religions were reported to be Christian and another 3% of the responses reported that the first generation (parents' grandparents) had no religion. The overwhelming majority of religions reported for the first of three parental generations were traditional Western religious beliefs.

Religions reported for the second family generation (these parents' parents) were, for the majority of these individuals, reported to be of the Western religious traditions. The majority of the second generation religions reported (56%) were Protestant denominations. Thirteen per cent of the religions reported for the second parental generation were Jewish and 11% were reported to be Catholic. Christian was the religion reported in 7% of the cases and another 7% of the responses reported that second generation parents had no religion. Two per cent of the responses reported that second generation parents (these parents' parents) were unaffiliated and another 2% of the responses listed the second generation religion as agnostic (i.e., the belief that the existence of a God is doubtful). Two per cent of the responses reported the second generation religion was humanistic (i.e., a doctrine centered on human interests and values). Although some additional variability in the religions reported for second parental generations over those reported for the first generation (the parents' grandparents) was apparent, the majority of religions reported for the second parental generation were traditional Western religions.

Comparisons of first and second generation religions reported revealed that the majority of the third parental generation (the parent participants in this research) came from traditionally Western religious backgrounds. This religious heritage was reported to have remained basically unchanged between first and second parental generations, although a tendency to report a wider variety of religious beliefs and non-beliefs was evident in religious data provided for the second parental generation (the parents' parents).

The participants reported such a multi-faceted variety of religious beliefs for themselves (the third generation of parents) that classification of the beliefs reported into traditional denominations proved impossible. The largest response reported indicated that they had no religion, with 31% of the total number of religions reported falling into this classification. This outcome represented a total breakdown in the acquisition of religious affiliations traditionally associated with the family heritage of the communal parents.

Both the former two generations were reported to be followers of traditional Western religious beliefs and the majority of both the former generations were reported to be of Protestant faiths. The present generation of communal parents (the research participants) indicated that they believed in a wide variety of religions. These beliefs were eclectic (i.e., many individuals reported admixtures of religious traditions) and mystical. The largest response reported no religious beliefs for the communal parents. These data support the hypothesis that a breakdown in acquisition of traditional religious heritage occurred between the second and third generation of parents.

Reversals of traditional occupational trends and breakdowns of traditional religious heritages were noted among the data provided by the communal parents participating. These data support the hypothesis that changes in lifestyles would be reflected in intergenerational data on occupations and religions.

The communal parents were asked to indicate their perceptions of interpersonal equality within their social settings (see Appendix A, Item 28) and the researcher expected the data to indicate equality among all the persons within these social settings. The majority of both male (62%) and female (65%) responses reported that full equality was reserved for adults whereas over one-third of both female (35%) and male (38%) responses revealed a perception that children were also equals. Although the expected response did not occur, equality between the sexes and some equality between people of all ages were noted among the reported perceptions of parents.

The management of interpersonal conflicts involving children is a skill related to child rearing. Interpersonal conflicts are an area within which children learn how to solve problems and when to assert themselves. Essential coping mechanisms are developed that can aid or impede children during their future life. Communal parents were asked to indicate the various means they employed when conflicts involving children occurred. Communal parents were hypothesized to be permissive, non-punitive, non-authoritarian individuals and consequently the researcher expected these parents to report the use of predominantly verbal and rationally equalitarian resolution strategies. Though related to other inventory items that ask about specific types of parental controls on childhood behavior, the conflict items request

information about how these were applied by the parents in two differing situations.

The communal parents were asked about how conflict between children and adults were resolved. Alternative responses to the question were provided by the researcher (see Appendix A) and four of the responses provided comprised a continuum of possible techniques used to resolve such conflicts. These techniques were defined for the participants as: (1) separation (i.e., physically removing the conflicting parties from each other's company); (2) adult dominance (i.e., favoring the conflicting adult perspective); (3) mediation (i.e., resolving a conflict resolution through discussions facilitated by a third neutral party); and (4) mutual negotiation (i.e., working out a conflict resolution through diplomatic discussions between the conflicting parties).

Two of the above strategies (separation and adult dominance) involve some denial of the opportunity for children to openly confront the conflicting situation and to resolve the conflict through verbal-rational communications channels. Responses that reported the use of separation and/or adult dominance techniques would indicate stricter, more punitive and authoritarian child-rearing approaches. The responses reported for the former two strategies (mediation and mutual negotiation) would indicate parental use of more permissive, openly communicative approaches to conflict resolutions. The communalists were expected to report more of the latter pair of conflict resolution strategies.

Subjects were instructed to indicate any or all of the strategies they used and, since many did list more than one or two strategies, the analyses were conducted to determine the percentages of adult male and

and female participant populations responding for each category.

When asked to indicate strategies they used to resolve conflicts between children and adults, 86% of the male and 74% of the female responses indicated the use of mutual negotiation to resolve such conflicts. Thirty-two per cent of the female and 64% of the male responses reported using adult dominance (i.e., deferring to the adult perspective). Mediation strategies (i.e., use of a third neutral party to facilitate discussion) were reported used by 21% of the male and 32% of the female responses. Two females (11% of the females) and one male (7% of the males) reported using separation (i.e., parting the conflicting parties) to resolve conflicts between children and adults. Another two females (11% of the females) indicated that none of the strategies were used. As expected, the majority of both male and female participants reported using mutual negotiation to resolve conflicts between children and adults. A majority of the males (about two thirds) reported that they use adult dominance to resolve conflicts between children and adults, whereas only about one third of the females included the strategy among their listings.

Listings of parental resolution strategies for conflicts involving children and adults indicated that the majority of the communal parents used mutual negotiation ("hasseling it out" among the conflicting parties). The majority of male parents also reported the additional use of adult dominance to resolve such conflicts. Almost one third of the female participants also reported using both adult dominance and mediation. Although the strongest parental response reported the use of a verbally communicative, non-punitive response, over one half of the

males and about one third of the females reported using an authoritarian, stricter, less open approach. These data indicate that, in conflicts between children and adults, definitive support both for and against the hypothesis exists, demonstrating that children may or may not be granted the right to resolve their own conflicts depending on the parental prerogatives.

Conflicts between children also require the use of resolution strategies by child rearers. The communal parents were asked to indicate any or all of the strategies they applied to conflicts involving only children from among a list of five typical strategies provided. The alternatives provided included: (1) adult intervention (i.e., the assertion of adult control over the conflict situation); (2) separation (i.e., physically removing the conflicting parties from each other's company); (3) age-based preference (i.e., adult resolution involving a decision to favor one or the other conflicting parties based on age considerations); (4) mediation (i.e., negotiations of a conflict resolution through discussions facilitated by a third neutral party); and (5) mutual negotiation (i.e., working out a conflict resolution through diplomatic discussions between the conflicting parties).

The researcher anticipated that the communards would indicate a preference for more verbal, permissive resolutions strategies (i.e., mediation and/or mutual negotiation). Since any or all of the strategies could be included among those listed as used by parents, results presented here indicate the percentages of male and female participant populations that included each alternative among their listings.

More communal parents responded by indicating more strategies for resolving children's conflicts with children than those reported for

conflicts between children and adults. Sixty-eight per cent of the females and 54% of the males reported using mutual negotiation to resolve child-child conflicts. Sixty-three per cent of the females and 50% of the males responded that they used adult intervention. Mediation of child-child conflicts was indicated by 50% of the males and 32% of the females. Separation of the conflicting children was reported by 42% of the females and 43% of the males. Only 10% of the females and 29% of the males indicated they used age-based preferences (favoring one or the other conflicting parties because of their age) to resolve conflicts between children. Two males (14%) and three females (16%) gave "none" responses, indicating either that they used different methods than those alternatives provided or that they did nothing at all to help resolve conflicts among children. Most of the communal parents indicated their tendency to rely on adult intervention and mutual negotiation to resolve conflicts between children.

The majority of communal parents reported that they intervened in children's conflicts and that mutual negotiation, "talking it out" or "hasseling it out" was the preferred method of resolving these conflicts. One half of the males (slightly less for the females) reported that they mediated conflicts between children. Almost half of both the males and females reported using separation of the children to resolve conflicts. A few males and females reported using preferences based on ages of the parties to resolve conflicts. A few parents indicated that they used none of the strategies to resolve conflicts between children. These data suggest that these communal parents were highly involved in the resolving of conflicts between children.

These results suggest that although many of the parents used separation, they preferred the use of verbal resolution strategies for conflicts between children. Support for the hypothesis that the communards were permissive was provided. However, since the parents did tend to intervene and sometimes separated conflicting children, the hypothesis that the communal parents were non-authoritarian is not supported.

The emotional impact of interpersonal conflicts upon children may be lessened within the rural communal environments studied. The variety of play spaces available to the children afford them the mobility to absent themselves from tense situations. One communal parent, Mr. "E", talked about how children move about within the social setting. He said, "If they (children) are hungry, they go where there is food happening. If bad vibrations (ill feelings) start happening in one place, they go somewhere else where the vibrations are more positive." This ability to distance themselves from interpersonal conflicts may serve to diffuse many of the potentially volatile situations encountered by these children.

One important advantage for children reared in communal settings is their increased access to others outside the immediate family constellation. As sources of identification figures, the increased access to interaction provides additional behavioral models for communal children, enriching these children's repertoires (i.e., the supply of roles that a person is prepared to perform). Communal parents were asked to indicate sources of special friendships for children, because it was expected that more friendships between children and individuals outside the family would be reported. Forty-eight per cent of the male and 23% of

the female responses reported that mother was the child's best friend (see Table 5). Father was reported as a best friend of children by 32% of the male and only 10% of the female responses. Twenty-three per cent of the female and 8% of the male responses indicated a same-age peer to be children's best friend. Sibling best friends were reported by 14% of the female and 8% of the male responses. Children having other adults for best friends were reported by one male (4%) and five females (10%). Females indicated that three of them had children whose best friends were relatives outside the family (6%). Two cases of children's best friends being younger peers (4%) were reported by females. Communal parents' responses indicated that females and males differ somewhat in their perceptions of children's best friends.

TABLE 5

CHILDREN'S BEST FRIENDS

	Male		Female	
	No.	%	No.	%
Mother	12	48	12	23
Father	8	32	5	10
Sibling	2	8	7	14
Same-age peer	2	8	12	23
Younger peer	--	--	2	4
Older peer	--	--	5	10
Other relative	--	--	3	6
Other adult	1	4	5	10

The best friend relationship, particularly the friendships of children, involve interpersonal perceptions based on human qualities considered to be admirable and compatible. These perceptions may or may not be mutually shared. Generally, children enjoy the affection and support provided by these relationships and tend to shape their own behavior to conform to that of their "best friend." A child's best friend is his/her most significant other in his/her own eyes.

Communal parents most often reported mother to be the best friend of children. Some males perceived themselves to be children's best friend, and overall males reported they (the fathers) were secondary only to the mothers in this respect. The data provided by females did not support these male perceptions. Quite often, fathers were not aware of the children's expressions of affection for people other than mother or father.

Fathers seemed to most often carry on activities that required them to be outside the company of their children. When fathers were in the company of their children, most often the father embodied an authority with the ability to provide rewards for children. By successfully developing manipulative controls, children can better achieve their goals and perhaps gain paternal help with their needs fulfillment. The development of rapport through affective means may be perceived by some fathers as indicative of a special friendship and lead to a false perception of their significance to the child.

The communal mothers may very well be their children's best friends, yet their responses suggest they perceive themselves as equal to same-age peers in this respect. The female respondents included a wider variety of social resources for best friend relationships with

their children.

Although the males indicated their children's best friend to be centered within the parental couple, the females reported that these best friend relationships were with a number of individuals outside the parental couple. This suggests an important difference between male and female parental perceptions of their children's interpersonal relations.

In spite of differing male and female perceptions of the friendship affiliations of their children, the ready access to these friendships enjoyed by children reared within communal-cooperative seetings was apparent to this researcher during the field research. Many childless adults co-existed within the social settings and their involvements with the children of others was proved in word and action. These other adults invariably expressed their enjoyment of the children in all their shared activities.

In searching for events that exemplified the feelings of adult-children relationships expressed to the researcher by parents of the study, three situations that readily qualified were as follows:

> One Oregon midmorning, we were going to a neighbor's house to haul feed. Through the lift of the morning fog, the figures of three hitchhikers appeared beside the road. I was seated in the middle, flanked by two male communards, Mr. "S" and Mr. "W". Mr. "S" was driving and pulled the truck to the roadside to offer the hitchhikers a ride. As the three figures grappled for seats in the truckbed, it became obvious that they comprised a couple and their son. The two male communalists made a point of recognizing the son, a lad of nine or ten. The boy was quite

thrilled to hear his name from the men, and a surprised grin broke across his face. As we continued on our journey, Mr. "S" and Mr. "W" explained to me that the family of hitchhikers were new neighbors to the region. Mr. "S" and Mr. "W" stated further that learning the names of new children served to aid newcomers in feeling accepted within the community and therefore many of their fellow communards made a practice of getting to know the children as soon as possible.

Another good example of the friendships enjoyed occurred one day when I noticed a game of football in progress in the meadow of Commune C. Drawing closer, I saw about twenty spectators gathered to witness the match between members of the commune and nearby neighbors. At one point, the game was changed so that one member's five-year old son might play (he was allowed to score on a long run from scrimmage, filled with many mock attempts by adult males to prevent the score). The field of play became a comedy theatre as different players dramatized their parts (needless to say, the young boy was thrilled!). Soon a group of older boys (ages 10 to 12) came running up and requested that they be allowed to participate. These boys were promptly welcomed to join in the game.

The females also exhibited similar sharing experiences. "L" has a baby boy who was going on his first birthday and she was talking to me about children. She smiled and radiantly proclaimed that she loved to watch all the children play and interact together. "L" said that she enjoyed the looks of

interest shown by the other adults as they watched the children as well.

These examples were provided as additional support for the hypothesis that children reared communally do experience rather open access to friendships with a wide variety of individuals. Although adult perceptions of these relationships may differ, they nonetheless do eventuate and provide resources for learning in children.

The parents were asked to provide a brief history of the family background beginning with their independence from their parents (the children's grandparents). This information was requested so that any additional background factors that led to the present lifestyle might be determined. The family history item appeared in the inventory as follows: Give a brief history of the family backgrounds. How did you come to be where you are, doing what you do? (Include such information as ethnicity, education and residential history of members.)

Responses about family backgrounds were content analyzed to determine the kinds of experiences that the communalists reported as having influenced their present living situations. The four contributing factors mentioned most often by the parents in their histories were college education, former contact with alternative communities, a desire to live rurally, and previous travel experiences.

Most of the parents mentioned college education in their histories. Seventy-three per cent of the male and 59% of the female responses reported attendance at a college or university. Sixty-five per cent of the female and 27% of the male responses reported that involvements with alternative communities had influenced their life-style. Forty-five per cent of the male and 47% of the female responses

indicated that a desire to live rurally had influenced their choice of lifestyle. Another 45% of the male and 47% of the female responses reported that travel, both abroad and domestic, had influenced their lifestyle. Six females (35% of those responding) mentioned that marriage was a factor in the family background and two females (12% of those responding) reported that pregnancy had had an influence. Marriage and pregnancy were not among the factors reported by males. Five females (29% of the females responding) and one male (9% of the males responding) mentioned experiences with drug cultures as factors that contributed to their lifestyle. One male (9%) and three females (18%) reported that jobs had contributed to lifestyles choice. Religion was reported as an influencing factor in the lifestyles of one male (9%) and two females (12%). Two females (12%) and one male (9%) also reported that political activities contributed to their family background. The majority of females reported that their involvement with alternative communities had influenced their lifestyle development. The majority of both sexes mentioned that collegiate experiences contributed to their family background.

These results revealed that a wide variety of factors had influenced these communard's backgrounds. Most of the females cited past encounters with alternative communities as contributing factors. The majority of both male and female responses mentioned university or college education as an element which contributed to their present lifestyle. Almost half of both sexes indicated that a desire to live rurally and past travel experiences had influenced their present living situations. Marriage was a contributing factor reported by a minority of the females. However, collegiate education was the single factor

most often reported in their family backgrounds by the communal parents.

Composites of three couple's family histories were prepared as case studies. These family histories were good examples of the backgrounds reported by study participants and were included in this study as Appendix F.

The communal parents' responses to the child-rearing inventory revealed that male and female perceptions differed. The overall inclusion of a variety of information provided by the females and neglected by the males suggests that the females possessed more insight, understanding and experience in dealing with their own children. Male responses indicated that they desired to be more involved with their children and child rearing. However, the male responses seldom displayed the wealth of specific information provided by the female responses regarding children and their rearing. These results suggest that the female parents were more closely involved with their children.

Child-Rearing Values and Attitudes

Distributions of scores obtained on each item of the Values and Attitudes scale were determined (see Appendix B). The Values and Attitudes scale consists of three subscales of items related to Authoritarian Family Ideology, Contemporary Child-Rearing Values and Traditional Family Ideology. Tests of significant difference were computed to assess any differences in male and female parental responses to each item and each subscale.

Values

The Child-Rearing Values and Attitudes scale required parents to

indicate the degree of their agreement of disagreement with a series of statements generally associated with parenting, child rearing, and family. Responses by communal parents to each item were assessed to determine the relative degree of values crystallization (i.e., formalized strength of belief) for each statement.

Parents were asked to indicate their strength of agreement or disagreement with each statement on a five-point Likert scale. Participants were to circle numbers on a scale on which strongly disagree = 1, disagree = 2, no opinion = 3, agree = 4, and strongly agree = 5.

Graphical displays of the responses provided by the parents to each Values and Attitudes Scale item were prepared. These displays appear in Appendix E. Although some items lacked any crystallized response, the items identified by the communal parents' responses to be rather crystallized child-rearing values (see Table 6) were as follows:

TABLE 6

RESPONSES TO SELECTED VALUE AND ATTITUDE SCALE ITEMS

Item No.	Male $\bar{X}$	Female $\bar{X}$	Total $\bar{X}$
2	4.50	4.63	4.57
5	3.16	4.75	*
7	2.07	1.63	1.81
8	3.50	3.89	3.72
12	4.21	4.57	4.42
13	3.14	4.26	**
14	4.35	4.15	4.24
18	1.92	1.63	1.75

Scores were based on the five point Likert-type scale:

strongly disagree=1
disagree=2
no opinion=3
agree=4
strongly agree=5

* t=9.07, d.f.=32, p<.005
** t=2.97, d.f.=32, p<.01

Item 2. "If women had a chance, they could learn mechanical skills as well as men."

Item 2 probes parents' sex-role values. Parents were asked to indicate the strength of their agreement or disagreement concerning female blue collar work skills potential. Male and female communal parents strongly agreed that women could learn mechanical skills as well as men (see Table 6). Both sexes perceived equal potentials to develop work skills in men and women. This response further substantiates the degree of equalitarianism within these social settings, as reported on the Self-Report Inventory. The hypothesis that high levels of equality exist in these social settings is supported, at least between men and women.

Item 5. "A good parent helps to change child behavior by example."

Parents were asked about their belief in the value of parental modeling of appropriate behavior in promoting changes in children's behavior. In other words, can a "good" parent expect children to identify with parental behavioral patterns and internalize these structures within their own behavior patterns? Another operating factor in Item 5 is the extent of responsibility that parents feel toward modeling appropriate behaviors for their children. Females strongly agreed with the statement and males were non-opinionated. These responses represent a significant difference between male and female response ($t=9.07$, $d.f.=32$, $p<.005$). The females strongly valued the use of parental modeling and believed that parental behavior helps shape children's behavior. The males appeared ambivalent toward the effectiveness of parental modeling in molding children's norms and the responsibility such a value places on parents' behavioral decisions. These

responses may indicate less attachment to child-rearing roles in the males. The hypothesis that communal fathers would exhibit high levels of participation in child-rearing were not supported by these findings.

Item 7. "Science and technology can solve the world's problems, so people must rely on these skills."

Parents were asked to indicate the strength of their trust in the advancement of science and technology as a means of resolving the world's problems. Both sexes disagreed with Item 7. The females disagreed more strongly than the males. The researcher expected the communalists to indicate their dislike of technological advancement and this item appeared to be closely associated with the advancing specialization in technology that has led humans away from a more "natural" environment in the eyes of these people. The responses to Item 7 supported the hypothesis that the communalists believed that many of the problems with mainstream society stems from its over reliance on scientific and technological skills.

Item 8. "Children should make their own decisions and be responsible for their own lives."

Item 12. "It is best to let kids work out their own squabbles whenever possible."

Items 8 and 12 ask parents to indicate their strength of agreement or disagreement with values that stress self direction and reliance for children. Since these types of humanistic ideals apparently underly many of the personal concerns voiced by communalists, the communal parents were expected by the researcher to agree with both statements, and this hypothesis was supported by the data. Both sexes agreed with the statements (see Table 6). Decision making, self responsibility, and

development of the ability to resolve personal conflicts were valuable skills to be learned by children, according to both the male and female communal parents.

Item 13. "Natural health cares are better than doctor's diagnoses and prescriptions."

Item 13 requests parents to indicate the strength of their agreement or disagreement concerning the value of natural health care over conventional diagnoses and prescriptive cures provided by medical professionals. In line with their naturalistic values and lack of trust in modern science and technology, this researcher expected the communal parents to agree with the statement. Females strongly agreed with the statement, providing support for the contention, whereas the males indicated they had no opinion. Naturalistic values for the females are strongly indicated. Suggestions as to why the males failed to agree or disagree with the statement are conjectural. There was a statistically significant difference between the male and female responses ($t=2.97$, $d.f.=32$, $p<.01$). Perhaps males felt that better health cares were those conducive to good health irregardless of the origins of such care. Although the male communal parents equivocated the female communal parents' strongly valued natural health cares over those available through their doctor's office.

Item 14. "Parents must make a conscious effort to foster trusting and caring relationships between their children and other adults."

Children's lives are often shaped by persons outside the marital dyad. Other adults (or individuals) may model behaviors quite different from those modeled by parental figures. Communal/cooperative communities

with their principles of sharing and acceptance quite often emphasize openness among people. The researcher expected the communal parents to respond in agreement with the statement.

The communal parents agreed that parental facilitation of their children's relationships with other adults was important (see Table 6). These data suggest that the communal parents valued meaningful relationships between other adults and their children and believed that they, as parents, must make a conscious effort to support such relationships. This response supports the hypothesis that adults other than parents participated in child rearing in the communes studied.

Item 18. "A child who is unusual should be encouraged to be more like other children."

The goal of personality growth, as identified by humanistic social scientists, is self realization or self actualization (i.e., becoming one's ideal self image by acting in reality as one ideally perceives one's self to be). As members of humanistically-oriented settings, the communal parents were expected by the researcher to disagree with Item 18. Because the parents studied had chosen not to conform to the norms prevalent in their mainstream upbringings, the researcher expected these communards to disagree with the item's support for social conformity, with its authoritarian implications. The communal parents' responses indicated their disagreement with the statement (see Table 6) and supported the hypothesis that the communards studied were permissive and non-authoritarian as well.

In summary, the communal parents' responses to statements of values provided on the values and attitudes scale revealed support for the belief that these parents were supportive of self direction,

autonomy and equality among persons. These principles were manifested in child-rearing and role-related values reported to be crystallized among the communal parents studied.

Attitudes

Three subscales assessing sets of attitudes about the nature of family functioning were included in the Values and Attitudes Scale (see Appendix B). A five-item subscale based on items from a cluster labelled Approval of Conventional Social Role for Women and associated with Authoritarian Family Ideology (Ernhart and Loevinger, 1969) began the scale. This was followed by a nine-item subscale based on the contemporary child-rearing values identified as salient by the Family Styles Project (Eiduson, et al., 1973, 1974). The final eight items comprised a subscale which assessed attitudes associated with Traditional Family Ideology (Levinson and Huffman, 1955). Male and female scores on these subscales were compared statistically and determinations of family attitudes in terms of their authoritarianism, contemporariness, and traditionalism were made.

Authoritarian Family Subscale

The Authoritarian Family Subscale categorized people on a bipolar continuum between authoritarian and permissive extremes in terms of their expressed approval of conventional social roles. Lower scores on the subscale indicated individuals that possessed permissive (unconventional) family attitudes. Higher scores indicated persons with more conventionally authoritative attitudes (i.e., entitled to obedience, credit or acceptance). Scores that fell in the middle indicated moderate family attitudes. The researcher anticipated that the communal parents'

scores would be low, indicative of their supposed permissiveness and adherence to unconventional social roles.

The communal parents studied scored above the theoretically neutral score of 15. The female mean score was 17.05 and the male mean score was 17.07 on the authoritarian family subscale (see Figure 7). Both sexes scored significantly higher than the neutral score ($t=206.0$, $d.f.=1$, $p<.005$). This response categorized the population of communal parents studied as conventional and authoritative.

The hypothesis that these parents would respond to the authoritarian family subscale in a manner indicative of permissiveness and unconventionality was not supported. The results suggest that the communalists maintain a modicum of authority and conventional social roles within their settings.

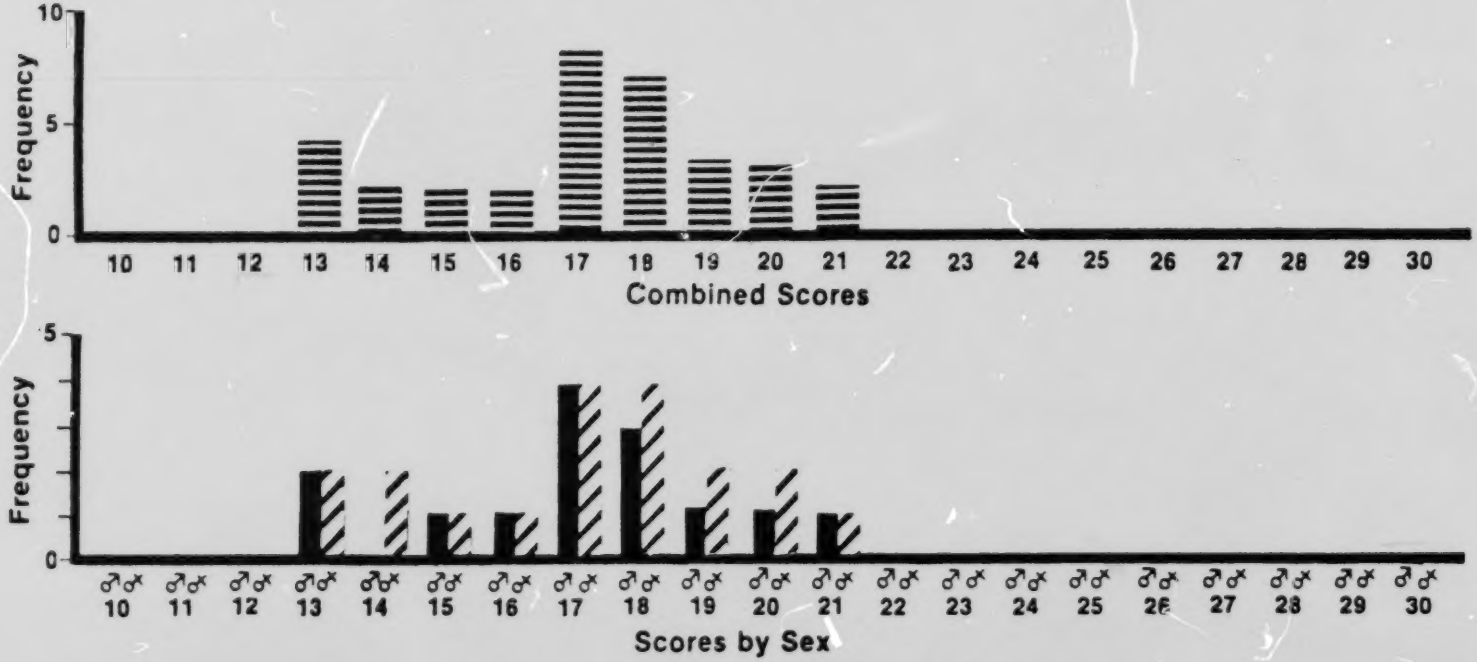
Contemporary Child-Rearing Subscale (Nine Items)

The contemporary child-rearing subscale asked communal parents to indicate their strength of agreement or disagreement with statements of child-rearing values identified as salient among contemporary families (Eiduson, et al., 1973, 1974). These items were included as a test of their saliency and the contemporary quality of the child-rearing values held by the communalists as well. The researcher expected the communal parents to respond in disagreement with the contemporary child-rearing subscale because many of the items appeared to contain mainstream middle-class values that the researcher believed to be alienating to the communards.

The communal parents studied scored above the theoretically neutral score of 27. The male mean score was 28.6 and the female mean

Values and Attitude Scale

Subscale: Authoritarian Family (Raw Scores)



Authoritarian Subscale:
5 Items
25= Maximum Score
5= Minimum Score

Combined=
Male=
Female=

	♂	♂	combined
$\bar{x}$	17.1	17.05	17.06
s			
mode	17	17,18	17
N	14	19	33
Mean Item Response	3.42	3.4	3.4

FIGURE 7

Figure 7 Distribution of Raw Scores - Composite of Authoritarian Family Subscale

score was 29.7 (see Figure 8). The combined mean score of the parents studied was 29.2, significantly higher than the neutral score ($t=3.7$, $d.f.=1$, $0.10<p<.05$).

The communal parents did agree with the contemporary child-rearing subscale items and scored significantly higher than the theoretically neutral score. These parents coexist with members of families from many lifestyles and have functioned in mainstream settings. The hypothesis that the communal parents would disagree with the contemporary child-rearing values was not supported. These parents, though in an alternative lifestyle, maintain contemporary child-rearing attitudes similar to their counterparts in mainstream society.

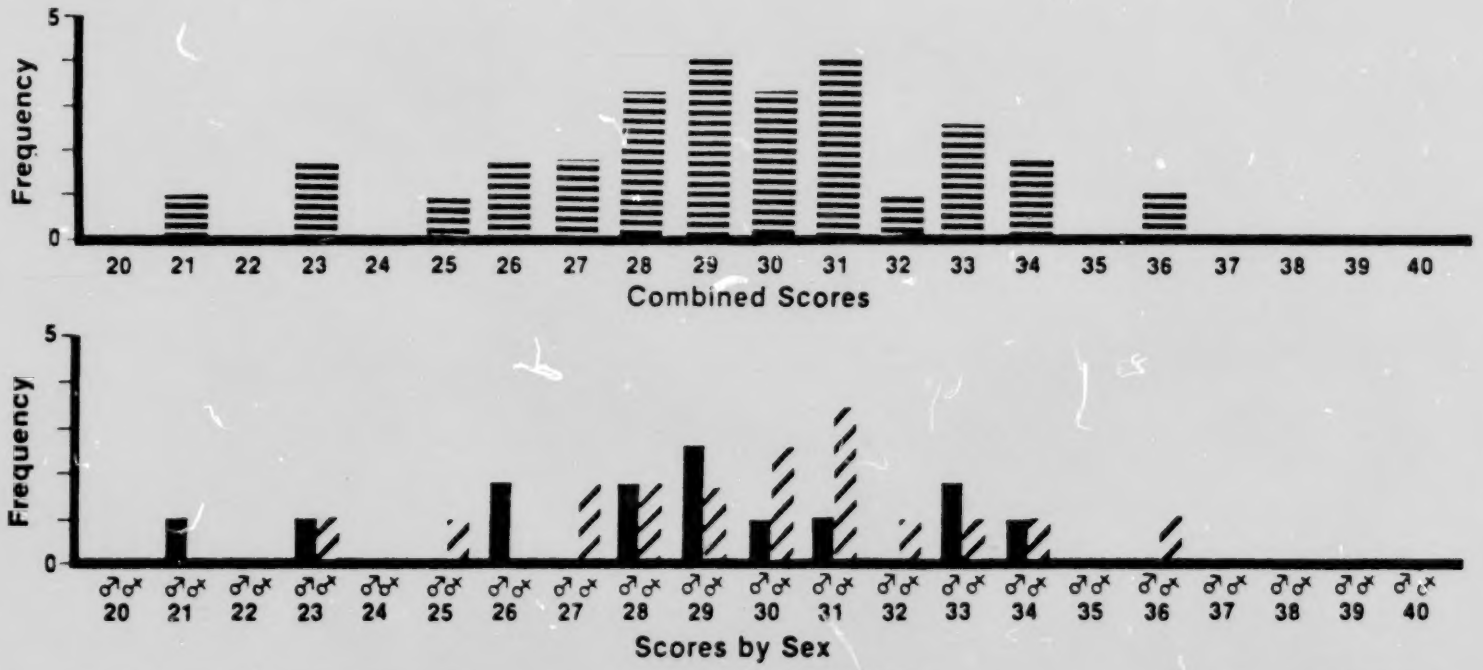
Traditional Family Subscale (Eight Items)

The final eight items of the Values and Attitudes Scale comprised a subscale based on items from the Traditional Family Ideology Scale (Levinson and Huffman, 1955). This subscale placed parents on a traditional-nontraditional bipolar continuum. Traditionalism in family ideology refers to autocratic structuring of family child rearing and sex roles (i.e., the organization of family roles around a central power figure). Non-traditional family attitudes were reflective of more democratic approaches to child rearing (i.e., the diffusion of power throughout the members of each family unit). Since the communalists studied were believed by the researcher to be democratic child rearers, these parents were expected to disagree with the items, indicative of non-traditional family attitudes.

The mean score of all the communal parents was 19.0, below the theoretically neutral score of 24 (see Figure 9). The female mean score

Values and Attitude Scale

Subscale: Childrearing Values



Childrearing Values Subscale:

9 Items

45= Maximum Score

9= Minimum Score

Combined=

Male=

Female=

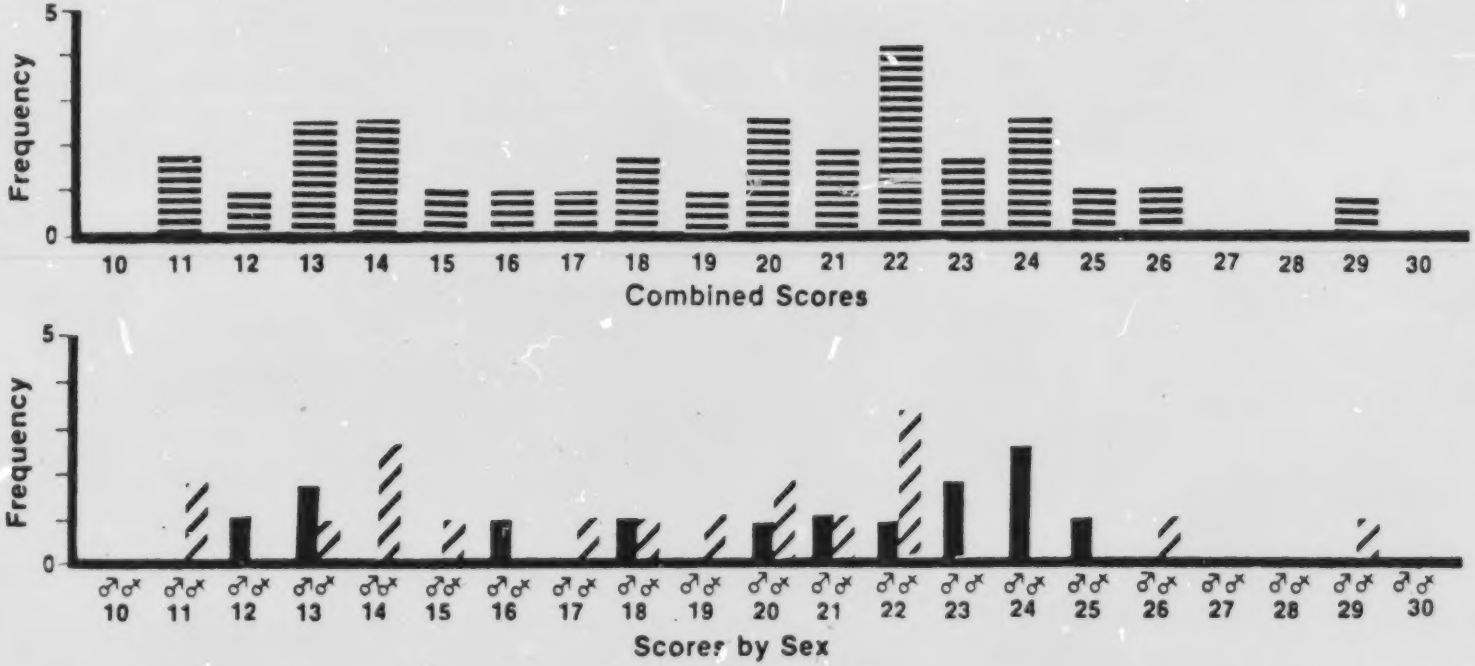
	♂	♂	combined
$\bar{x}$	28.6	29.7	29.2
s			
mode	28	31	29.31
N	14	19	33
Mean Item Response	3.2	3.3	3.2

FIGURE 8

Figure 8–Distribution of Raw Scores - Composite of Childrearing Values Subscale

Values and Attitude Scale

Subscale: Traditional Family



Traditional Family Subscale:
8 Items
40= Maximum Score
8= Minimum Score

Combined=
Male=
Female=

	♂	♂	combined
$\bar{x}$	19.9	18.4	19.0
s			
mode	24	22	22
N	14	19	33
Mean Item Response	2.5	2.3	2.4

FIGURE 9

Figure 9-Distribution of Raw Scores - Composite of Traditional Family Subscale

was 18.4 and the male mean score was 19.9. The combined mean score was significantly below the theoretically neutral score ($t=5.9$, d.f.=1, $.05<p>.025$). These communal parents were significantly non-traditional (i.e., democratic) in their family attitudes. As expected, the communal parents studied indicated their family attitudes were non-traditional. Traditionally autocratic family attitudes were not present, according to the data. These data suggest that power within the communal family units studied was decentralized and that the communal parents supported democratic approaches to family life.

In summary, no significant differences were found in male and female responses to the authoritarian family, contemporary child rearing or traditional family subscales of the values and attitudes scales. Male and female response means on the Authoritarian Family subscale were 17.07 and 17.05 respectively. Comparisons of male and female mean scores obtained on the contemporary child-rearing and traditional family subscales revealed no significant differences. No significant differences was found to exist between male and female responses on any of the three subscales comprising the Values and Attitudes Scale.

The communal parents' responses revealed that these people maintained attitudes associated with conventional social roles. The communal parents' responses supported the saliency of the contemporary child-rearing values identified by the Family Styles Project at U.C.L.A. (Eiduson, et al., 1973, 1974). The communal parents responses to the traditional family subscale were indicative of less traditionally autocratic, more democratic attitudes toward their family role structures. Although somewhat conventional about sex roles, the communal parents

studied also favored contemporary and democratic approaches to their family relations.

Children's Health

Medical histories were collected for the 32 children of the communal parents. The parents were asked to complete a standardized medical history for each of their children. Communal environments were believed to be possibly healthy places to rear children (Johnston and Deisher, 1973) and the researcher expected that these children's health histories would indicate their good physical health.

A search for comparative data from the U. S. Department of Health, Education and Welfare, the California Department of Health, and other medical services, revealed that comparable health statistics were difficult to find. The sample of children studied was extremely small and this hampered reliable comparisons with data from larger regional populations. However, incidence rates per year of the average communally reared child, when compared with similar incidence rates reported by the U.S. Dept. of H.E.W. (1977), suggested that these children had excellent physical health (see Table 7). Comparing average rates per year, these communal children had lower incidences of acute conditions than those last reported for children of the Western United States. The only closely comparable rate found was for infective acute conditions in children aged six or over.

Eighteen of the children were six years of age or older. Seven cases of measles and eight cases of chicken pox were reported among the children aged six or older (see Appendix A). Three of these older children were reported to have contracted the mumps. Hay fever and

TABLE 7

INCIDENCE RATES OF ACUTE CONDITIONS: COMMUNAL CHILDREN VS. CHILDREN OF THE WESTERN UNITED STATES

Acute Conditions	No.	Communal Children Rates/Yr./100	H.E.W.*
Under age six:			
Infective	4	11.0	41.0
Respiratory	4	11.0	183.2
Injury	2	5.5	43.7
Age 6-16:			
Infective	20	12.1	12.9
Respiratory	9	5.4	147.9
Injury	11	6.6	41.8

*From Acute Conditions: Incidence and Associated Disability, U.S. Department of Health, Education and Welfare, 1977.

hives were each reported to have occurred twice among these older children. The average incidence rate per year of infectious acute conditions reported among the communal children age six or older was 12.1 per 100. This rate was found to be quite similar to the incidence rate of 12.9 last reported for children age six or older in the Western United States (D.H.E.W., 1977), a rather low rate itself when compared with those reported regionally.

The communal parents reported no health problems on the medical histories of eight children. Seven of these children were under age six. Twenty-five per cent of the communal children studied were reported to have experienced unblemished health by their parents. The

data seem to support the hypothesis that these settings were healthy environments in which to rear children.

CHAPTER IV

DISCUSSION

The purpose of this research was to explore the perceptions of child-rearing behaviors of parents residing within communal/cooperative settings. Contemporary field research efforts in communal child rearing have relied primarily on observational techniques and conducted rather holistic studies of the communal settings. The present research studied settings that were believed to be successfully evolving living environments with adequate resources for rearing children.

Comparisons of responses provided by male and female parents produced interesting differences in perceptions of child-rearing behaviors between the sexes. Data provided by the females demonstrated again the central role of mother in child rearing. The female responses had more content and more specific, in-depth information with more variety of alternative child-rearing behaviors reported. The male responses were more simplistic, with fewer specifics and less insightful content. Paternal responses were indicative of more subordinate child-rearing roles than those of mothers. For example, the mothers tended to cite a variety of friends in the lives of their children whereas the fathers tended to cite the parental couple. Many mothers further indicated that some of these friendships were situational or non-existent for their children. The fathers' responses seldom demonstrated such

knowledge of the preferential attractions or affiliative patterns peculiar to each child.

Any thorough in-depth analysis of child rearing within specific social settings requires longitudinal, multi-variate studies. Due to time and space limitations, the present study did not report results for every response variable for which data was collected. Some methods of statistical analysis were not performed at the time of this writing.

The present research comprised an exploratory attempt to describe the social life of communal settings based on the perceptions provided by members. Though limited in scope, the present research is valuable, since limited access has seldom allowed social scientists to study these "new age" families.

Recent longitudinal research on contemporary communal child rearing (Berger, B., Hackett, B., et al., 1971ab, 1972, 1974) identified a parenting pattern referred to as "inclusion-disattention" and reported observing breakdowns in age-graded norms for children reared within these settings. Berger and Hackett proposed that communal parents did perceive their children as being basically human equals and worthy of being included in the scheme of things. This "inclusion" perception was coupled with patterns of "disattention," according to Berger and Hackett (1974), in that the communalists were purported to believe that children were not necessarily in need of training by adults.

The present study presents support for the existence of "inclusion" parenting, while support for the "disattention" parenting pattern was not found. More acceptable labels like "inclusion-attention" might be formulated for the parenting patterns suggested by this study (see Case Studies, Appendix F).

With regard to age-graded breakdowns in children's behaviors, no evidence of possibly deleterious effects of any such "breakdowns" were discovered within the context of this research. Berger and Hackett (1974) discussed examples of children's open involvements with sex, drugs and alcohol. Concern for the future of the children and the future of the communal environments must be raised when such obvious behavioral breakdowns begin to occur.

Although some light usage of substances typically denied children in mainstream society was observed by the researcher in the course of this work, these occasions were rare and involved affiliative festivities. The feeling of this researcher is that the openness of communal parents to the imitative behaviors of their offspring prohibits the abusive involvement of communal children in sex, drugs and alcohol.

The communal parents studied in this research supported the contemporary child-rearing values identified as salient among American society by Eiduson, et al. (1973, 1974). Some of these values were more crystallized within the settings studied than others. No comparative research concerning the degree of crystallization exhibited by different social settings has been forthcoming.

In the course of this research, it became increasingly apparent that Margaret Mead's work on cultural transmission (i.e., the process whereby culture is passed from one generation to the next) helps to explain much of the rationale and results of this work. Children learn culture through processes of imitation and identification as described by Mead in her book, Continuities in Cultural Evolution (1964). Meadian rationale was basic to the items on the child rearing behavioral self-report questionnaire administered to parents.

Intergenerational data provided by the current study also supports the social change theory presented by Margaret Mead in her book, Culture and Commitment (1970). Mead delineated three patterns of transmitting culture to the members of societies: postfigurative (i.e., learning the culture of prior generations); cofigurative (i.e., learning culture from peers); and prefigurative (i.e., learning culture from the young). Mead stated that the traditional patterns of acquiring culture were postfigurative and that today's culture is increasingly exhibiting the prefigurative patterns. Margaret Mead's contention was that breakdowns in postfigurative models must occur before the culture can adopt other patterns of transmitting knowledge and explains that one way this occurs is through a radical lifestyle change precipitated by one generation refusing to adopt or identify with the cultural patterns of their forebears. Intergenerational data collected by the present study suggests that such breakdowns in the cultural transmission of knowledge have occurred among the present generation of communal parents studied.

Child rearing is a rapidly expanding field of research among social scientists. A concentration on relationships within the family and how they, in turn, relate to developmental outcomes in offspring is important to the formulation of appropriate child-care procedures. On-going longitudinal research is needed to collect the multitude of data necessary to formulate insightful conclusions about child rearing. Meanwhile, the disintegration of nuclear and extended family continues, the differences between generations remains, child abuse rates and the need for child protective services grows. Without more definitive investments by social scientists into the problems associated with rearing children, society may not expect a brightening future.

"New age," communally/cooperative living groups are believed by social scientists to be situations in which new definitions of familial relationships are capable of evolving. The characteristics of these relationships and their effects upon children reared in these environments may provide new directions for the growth of parenting skills. The present research was a cursory examination of parenting within communal environments. Further research must be conducted if truly definitive outcomes of these interpersonal relationships are to be recorded. However, the present research represents a necessary first step toward such goals.

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APPENDIX A

SELF-REPORT INVENTORY

Child-Rearing Questionnaire

1. Was your child planned for prior to conception?

___ conscious decision by both ___ didn't want child
___ could happen or not happen

2. What method was used at birth?

___ prepared childbirth classes ___ "natural" birth
___ other; please state: _____

_____

3. Where was the baby born?

___ conventional hospital delivery room ___ "birthing" room
___ at home ___ other

Explain: _____

4. Who was present at the birth?

___ spouse ___ spouse's parents ___ your parents
___ close friends ___ other

Explain: _____

5. How present was the father at delivery?

___ there but left ___ waiting room ___ in delivery room
___ in and out of labor environment ___ not present ___ other

Explain: _____

6. How did the father participate at birth?

___ helped count or time contractions
___ emotionally supportive ___ provided massage
___ mopped forehead ___ provided liquids
___ provided verbal encouragement ___ other

Explain: _____

7. At what point in the pregnancy was prenatal care begun?

_____ months _____ weeks

8. Did you change doctors during pregnancy? ___ Yes ___ No

Explain: _____

9. What health care personnel were consulted prior to birth?

___ MD ___ OB ___ RN ___ LVN
___ public health nurse
___ personal friend in medicine ___ chiropractor
___ none ___ other

Explain: _____

10. How much consultation took place prior to birth? Please list the personnel consulted beside your response.

___ none
___ 1-3 times _____
___ 4-8 times _____
___ 8+ times _____

If complications occurred, please explain: _____

_____

11. What levels of health care has the child received since birth?

___ MD ___ Pediatrician ___ public health nurse or "well baby" clinic
___ natural health practitioner ___ other

Explain: _____

12. How often does the child receive medical care?

___ routinely visits doctor or well baby clinic
___ occasionally ___ seldom ___ never ___ other

Explain: _____

13. How was/is the infant fed?

___ schedule ___ demand ___ combination

Explain: _____

___ breast ___ bottle ___ combination

Explain: _____

14. How were solid foods introduced into the child's diet?

_____

15. At what age were solid foods introduced?

___ 0 - 1 month ___ 1 - 4 months ___ 4 - 6 months
___ 6 - 9 months ___ 1 year ___ 1½ years ___ other

Explain: _____

16. When was the child weaned?

___ before 6 months ___ 6 months - 1 year ___ 1 - 2 years
___ 2 - 3 years ___ 3 - 4 years ___ 4 - 5 + years
___ not yet weaned

17. Why was the child weaned?

___ MD request ___ parent decision
___ baby's loss of interest ___ mother's loss of interest
___ peer pressure ___ other

Explain: _____

18. How was the child weaned?

___ child lost interest
___ child/parent negotiated a weaning contract
___ parent decision without consulting child
___ a period of mixed feeding modes with gradual weaning
___ child abruptly denied access to bottle/breast
___ other

Explain: _____

19. Who primarily tended the child as an infant?

___ mother ___ father ___ babysitter ___ sibling
___ relative (grandparent/extended kin) ___ personal friend
___ this function shared with other persons in the setting
___ other

Explain: _____

20. Who primarily tended the child (toddler - 4½ years)?

___ mother ___ father ___ babysitter ___ relative
___ friend ___ sibling ___ day/play school
___ shared function with others in setting

Explain: _____

21. Who primarily tended the child (5 - 12 years old)?

___ mother ___ father ___ babysitter ___ relative
___ friend ___ sibling ___ peer group ___ public school
___ "free" school ___ shared function with others in setting
___ other

Explain: _____

22. How do you react when your child accidently breaks something?

___ ignore behavior ___ discuss problem ___ scold/yell
___ make child feel guilty ___ withdraw affection
___ restriction ___ isolation ___ physical punishment
___ other

Explain: _____

23. How do you react when your child intentionally disobeys?

___ ignore behavior ___ discuss problem ___ scold/yell
___ make child feel guilty ___ withdraw affection
___ restriction ___ isolation ___ physical punishment
___ other

Explain: _____

24. What behaviors are forbidden or strongly discouraged in the child?

___ drugs ___ genital sexuality ___ tantrums
___ verbal anger (I hate you) ___ T.V. ___ crying
___ whining ___ play with guns ___ eating sugar foods
___ none ___ other

Explain: _____

25. How is conflict resolved between the child and adults?

___ adult dominance ___ mediation ___ mutual negotiation
___ separation ___ none ___ other

Explain: _____

26. How is conflict resolved between the child and other children?

___ adult intervention ___ mediation ___ mutual negotiation
___ separation ___ age-based preference

Explain: _____

27. What kinds of things do you do to get your child to do what you want?

___ ask or request ___ tell the child to do it
___ explain/reason with the child ___ reward or bribe
___ threaten or scold ___ spank ___ restriction
___ assign/schedule ___ other

Explain: _____

28. Are all the people within the social setting perceived as equals?

___ men, but not women and children
___ men and women, but not children
___ women, but not men and children
___ women and children, but not men
___ children, but not women and men
___ children and men, but not women
___ all equals ___ other

Explain: _____

29. What jobs are done by the child?

_____

_____

30. What favorite school activities are enaged in by the child?

_____

_____

31. Does the child enjoy school?

_____

_____

32. Who is the child's best friend?

___ mother ___ father ___ sibling ___ same age peer
___ younger peer ___ older peer ___ relative
___ other adult ___ none

Explain: _____

33. Describe any accidental injury to the child that required more than first aid medical attention?

_____

_____

34. Please list career occupations and religious affiliations of the child's genealogical family:

great grandparents:
occupations: _____

_____

religions: _____

_____

grandparents:
occupations: _____

_____

religions: _____

_____

parents:
occupations: _____

_____

religions: _____

_____

35. Give a brief history of the family backgrounds. How did you come to be where you are, doing what you do? (Include such information as ethnicity, education and residential history of members.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

36. How many mates have you had?

37. Is the person you currently live with the parent of your child(ren)?

38. How many adults has your child had extensive experience with?

APPENDIX B

VALUE AND ATTITUDE SCALE

Directions: Circle the most correct response to each item. Below each item the numbers 1 through 5

strongly disagree	disagree	no opinion	agree	strongly agree
1	2	3	4	5

will appear thus: 1 2 3 4 5. These responses correlate with the alternatives presented above. Please respond to each item. Take your time, consider each item carefully.

1. If a woman has young children, she shouldn't work outside the home.
   1 2 3 4 5

2. If women had a chance, they could learn mechanical skills as well as men.
   1 2 3 4 5

3. It's still really a man's world.
   1 2 3 4 5

4. It's best to start right away teaching children not to touch breakable things.
   1 2 3 4 5

5. A good parent helps to change child behavior by example.
   1 2 3 4 5

6. It is important that children primarily identify with their parents.
   1 2 3 4 5

7. Science and technology can solve the world's problems, so people must rely on these skills.
   1 2 3 4 5

8. Children should make their own decisions and be responsible for their own lives.
   1 2 3 4 5

9. Children must learn to strive for goals.
   1 2 3 4 5

10. Life is competitive, consequently people must learn to be well behaved whether they win or lose.
    1 2 3 4 5

11. Friends are more important than family in the long run.

1 2 3 4 5

12. It is best to let kids work out their own squabbles, whenever possible.

1 2 3 4 5

13. Natural health cares are better than doctors' diagnoses and prescriptions.

1 2 3 4 5

14. Parents must make a conscious effort to foster trusting and caring relationships between their children and other adults.

1 2 3 4 5

15. A child should not talk back to his/her parents, if allowed to do so, he/she will lose respect for them.

1 2 3 4 5

16. Punishment aids in the establishment of self-discipline in children.

1 2 3 4 5

17. "Spare the rod and spoil the child" still holds true today.

1 2 3 4 5

18. A child who is unusual should be encouraged to be more like other children.

1 2 3 4 5

19. A parent whose child is messy or rowdy has failed to provide proper guidance.

1 2 3 4 5

20. Curiosity about sex in young children should be encouraged.

1 2 3 4 5

21. Children are too young for sexual experience.

1 2 3 4 5

22. It is important to teach the child as early as possible the manners and morals of his/her society.

1 2 3 4 5

APPENDIX C

MEDICAL HISTORY

Name _____ Age _____ ( ) Single ( ) Married ( ) Divorced ( ) Widow(er) Date _____

Address _____ Religion _____

Occupation _____ All previous occupations _____

Birth Place _____ List all States or Countries in which you have lived _____

Education Please encircle the last grade you completed Grade 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Post Grad _____ yrs. Degrees _____

Date of last physical exam _____

C.C. Please list all Symptoms

1 _____
2 _____
3 _____
4 _____
5 _____

Routine check up - no symptoms ☐

P.I. Please do not write in this space

FAMILY HISTORY

	If Living Age	If Living Health	Age at Death	If Deceased - Cause
Father				
Mother				
Brother or Sister 1				
2				
3				
4				
5				
Husband or Wife				
Son or Daughter 1				
2				
3				
4				
5				
6				

Has any blood relative ever had	Please Encircle no or yes	who
Cancer	no yes	
Tuberculosis	no yes	
Diabetes	no yes	
Heart trouble	no yes	
High blood pressure	no yes	
Stroke	no yes	
Epilepsy	no yes	
Mental illness	no yes	
Suicide	no yes	
Congenital deformities	no yes	

NOTE: This is a confidential record of your medical history and will be kept in the office. Information contained here will not be released to any person except when you have authorized us to do so.

PERSONAL HISTORY

ILLNESSES Have you ever had

Please Encircle all answers no or yes

Measles or German Measles	no	yes
Chicken pox or Mumps	no	yes
Whooping cough	no	yes
Scarlet fever or Scarletina	no	yes
Pneumonia or Pleurisy	no	yes
Diptheria or Smallpox	no	yes
Influenza	no	yes
Rheumatic fever or heart disease	no	yes
Arthritis or Rheumatism	no	yes
Any bone or joint disease	no	yes
Neuritis or neuralgia	no	yes
Bursitis, Sciatica or Lumbago	no	yes
Polio or Meningitis	no	yes
Bright's disease or Kidney inf	no	yes
Gonorrhea or Syphilis	no	yes
Anemia or Jaundice	no	yes
Epilepsy	no	yes
Migraine headaches	no	yes
Tuberculosis	no	yes
Diabetes or Cancer	no	yes
High or low blood pressure	no	yes
Nervous breakdown	no	yes
Food, chemical or Drug poisoning	no	yes
Hay fever or Asthma	no	yes
Hives or Eczema	no	yes
Frequent colds or Sore throat	no	yes
Frequent infections or boils	no	yes
Any other disease	no	yes
ALLERGIES are you allegic to		
Penicillin or Sulfa	no	yes
Aspirin, Codeine or Morphine	no	yes
Mycins or other antibiotics	no	yes
Merthiolate or Mercurochrome	no	yes
Any other Drug	no	yes
Any foods	no	yes
Adhesive tape	no	yes
Nail polish or other Cosmetics	no	yes
Tetanus Antitoxin or Serums	no	yes
INJURIES have you had any		
Broken bones	no	yes
Sprains or dislocations	no	yes
Lacerations (Extensive)	no	yes
concussion, or Head injury	no	yes
Ever been knocked out	no	yes
TRANSFUSIONS have you ever had		
blood or Plasma transfusion	no	yes

WEIGHT now _____, one yr ago _____; Maximum _____ when _____

Please review the section you have just completed and wherever you answered "yes" fill in the year (guess if necessary) and also where there is more than one illness to a line encircle the ones you have had. Example: Chicken pox or Mumps no yes

SURGERY have you had

Tonsillectomy	no	yes
Appendectomy	no	yes
Any other operation	no	yes

Give details

Give DETAILS below of all hospitalizations for Surgery or Illness including name and address of Doctor and Hospital

Have you ever been advised to have any Surgical operation which has not been done no yes

PLEASE TURN PAGE

SYSTEMS Please check those you have had

Eye disease [ ], eye injury [ ], impaired sight [ ], ear disease [ ], ear injury [ ], impaired hearing [ ],
Trouble with: nose [ ], senses [ ], mouth [ ], throat [ ] Have you checked any in this group? ..... no yes

Fainting spells [ ], loss of consciousness [ ], convulsions [ ], paralysis [ ], frequent or severe headaches [ ],
Dizziness [ ], depression or anxiety [ ], hallucinations [ ] Have you checked any in this group? ..... no yes

Enlarged glands [ ], goiter or enlarged thyroid [ ], skin disease [ ] Have you checked any in this group? ..... no yes

Chronic or frequent cough [ ], chest pain or irregular heartbeat [ ], spitting up of blood [ ], night sweats [ ]
Shortness of breath [ ], palpitation or fluttering heart [ ], swelling of hands, feet, or ankles [ ], varicose veins [ ],
Extreme tiredness or weakness [ ], Have you checked any in this group?
no yes .....
Kidney disease or stones [ ], bladder disease [ ], albumin, sugar, pus, etc. in urine [ ], difficulty in urinating [ ],
Have you checked any in this group ..... no yes

Stomach trouble or ulcers [ ], indigestion [ ], liver or gall bladder disease [ ], colitis or other bowel disease [ ],
Appendicitis [ ], hemorrhoids or rectal bleeding [ ], constipation or diarrhea [ ], recent change in bowel action or stools [ ],
Recent change in appetite or eating habits [ ] Have you checked any in this group? ..... no yes

HABITS Do you			List any drugs or medications you take regularly or frequently	WOMEN ONLY	
Sleep well?	no	yes		Menstrual History	
Use alcoholic bev	no	yes		Age at onset _____	
Every day?	no	yes		Regular [ ] Irregular [ ]	
Smoke?	no	yes		cycle _____ days (from start to finish)	
How much?				Usual duration _____ days	
Exercise enough	no	yes		Flow	
Is your diet well balanced	no	yes		heavy [ ] medium [ ] light [ ]	

Do not write below this line

Pain or cramps [ ] yes [ ] no
Date of last period _____
Pregnancies how many
Children born alive? _____
Stillbirths? _____
Prematures? _____
Cesarean sections? _____
Miscarriages? _____
Any complications?
[ ] no [ ] yes

Ht _____ ins. Wt _____ lbs

T _____ P _____ R _____

B.P. /

PHYSICAL EXAMINATION

	Rt	Lft
Vision	20/	20/
Vision Cor.	20/	20/
Hearing	15/	15/

EENT

Neck

Heart

Lungs

Abdomen

GU – Pelvic

Rectal

Skin

Musculo – Skeletal

Neurological

Lymphatics

Misc.

APPENDIX D

ACUTE CONDITIONS REPORTED FOR COMMUNAL CHILDREN

Category	Cases reported: 1 month - 5+ yrs	6-16 yrs	TOTAL
ILLNESSES			
Measles	2	7	9
Chicken Pox	-	8	8
Mumps	-	3	3
Pneumonia	1	1	2
Influenza	2	7	9
Jaundice	2	-	2*
Hayfever	-	1	1
Hives	-	1	1
Frequent Colds	1	1	2
	8	29	
ALLERGIES			
Sulfa	-	2	2
Adhesive Tape	1	1	2
Nail Polish or Cosmetics	-	2	2
	1	5	
INJURIES			
Broken Bones	-	3	3
Sprains	-	1	1
Lacerations	-	1	1
Concussion	1	2	3
Knocked Out	1	4	5
	2	11	
HOSPITALIZATION			
Surgery			
Tonsillectomy	-	3	3
Benign Tumor Removal	1	-	1
Bilateral Tympanotomy	-	2	2
Adenoid Removal	-	2	2
Hernia	-	1	1
Illness			
Salmonella	-	1	1
	1	9	
SYSTEMS			
Eye Injury	-	1	1
Ear Disease	1	2	2
Ear Injury	1	1	1
Impaired Hearing	-	1	1

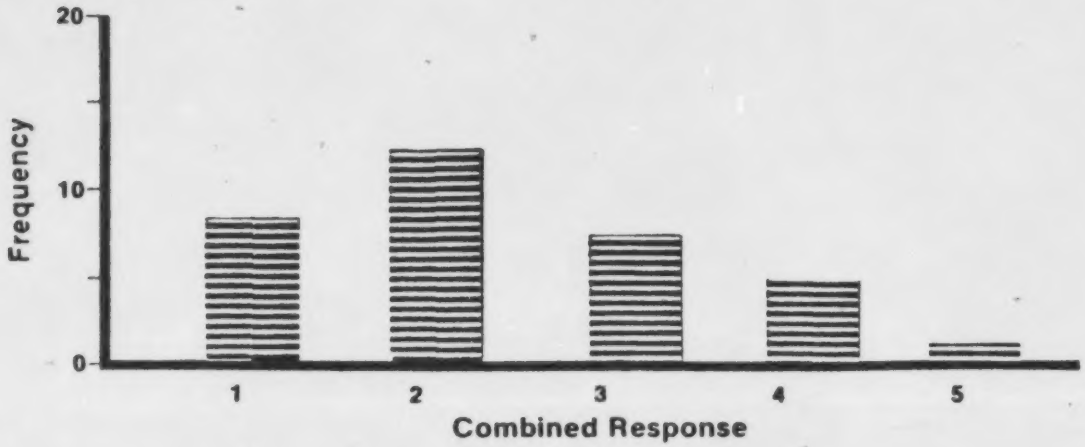
SYSTEMS (cont'd.)			
Dizziness	-	1	1
Skin Disease	-	1	1
Chronic Cough	1	-	1
Bladder Disease	-	1	1
	1	8	
Trouble with:			
Nose	1	-	1
Sinuses	1	-	1
Mouth	1	-	1
Throat	1	-	1
	4		4
No Reported Health Problems	7	1	8

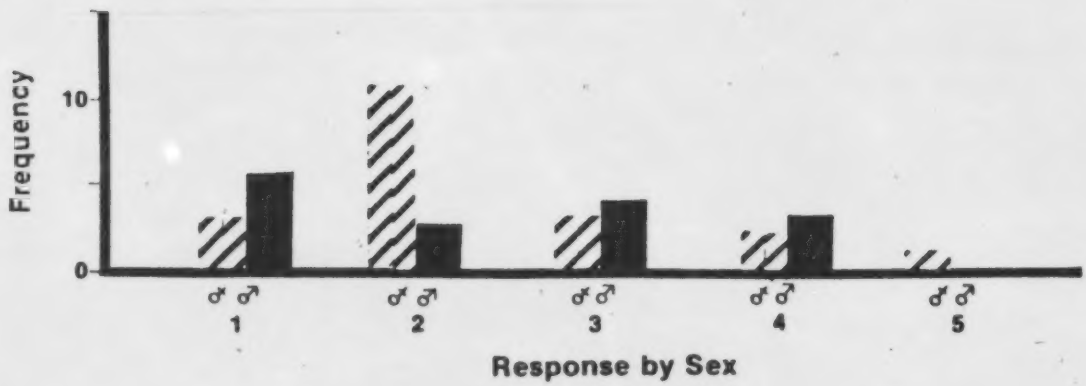
*at birth

APPENDIX E

Values and Attitude Scale

Item # 1 **If a Woman has Young Children, She Shouldn't Work Outside her home.**



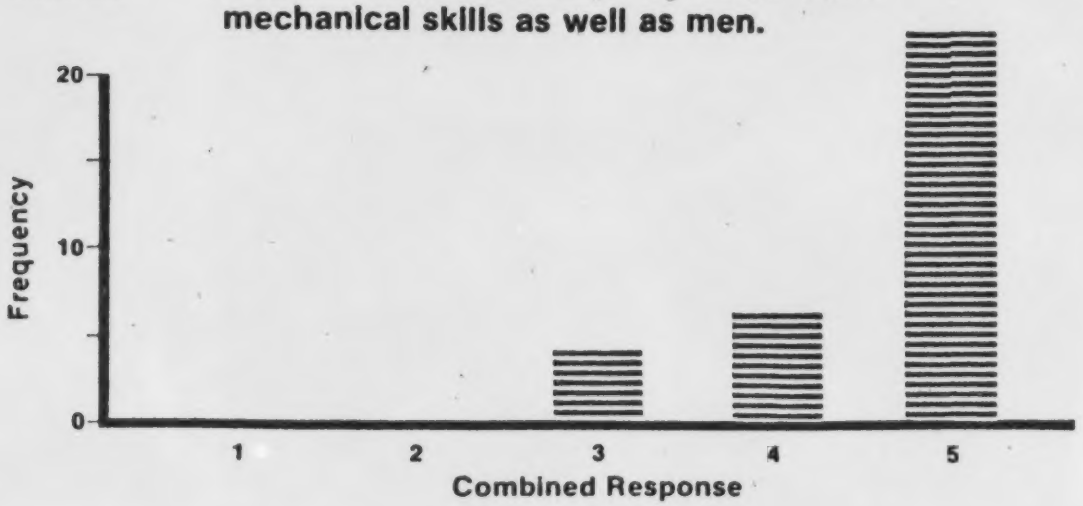


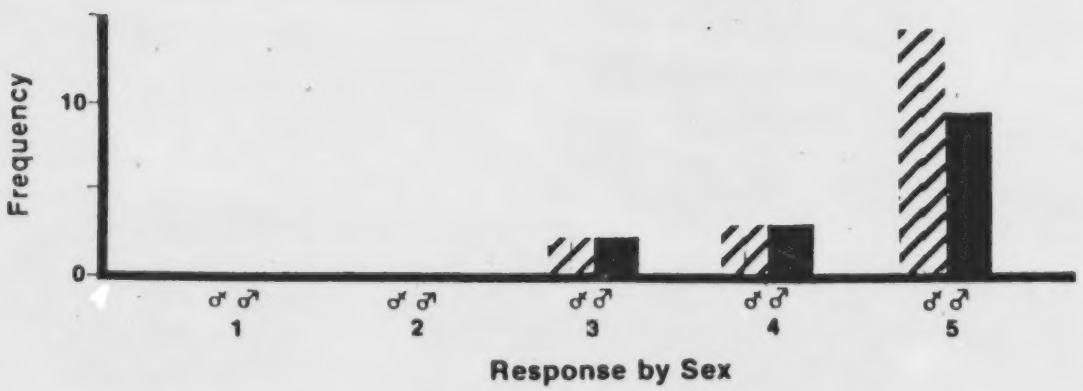
		% (adjusted)		
		♂	♀	composite
1 — Strongly Disagree	1	36	16	24
2— Disagree	2	14	52	37
3 — No Opinion	3	29	16	21
4 — Agree	4	21	11	15
5 — Strongly Agree	5	-	5	3
		100	100	100
Composite =	s	1.21	1.06	1.11
Male =	$\bar{x}$	2.35	2.36	2.36
Female =	mode	1	2	2
	t =	± . 0.02		

Figure 10. Item 1 (O.S.) - Composite Scores

Values and Attitude Scale

Item #2 **If women had a chance, they could learn mechanical skills as well as men.**



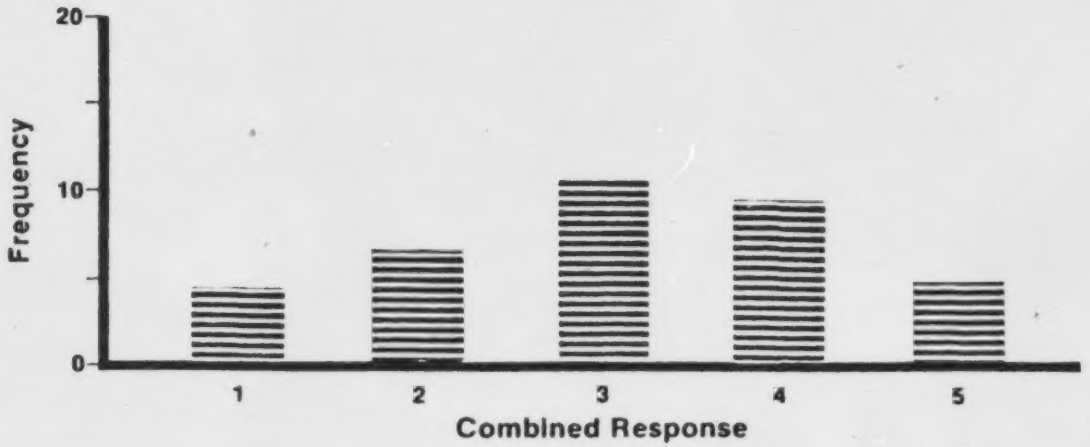


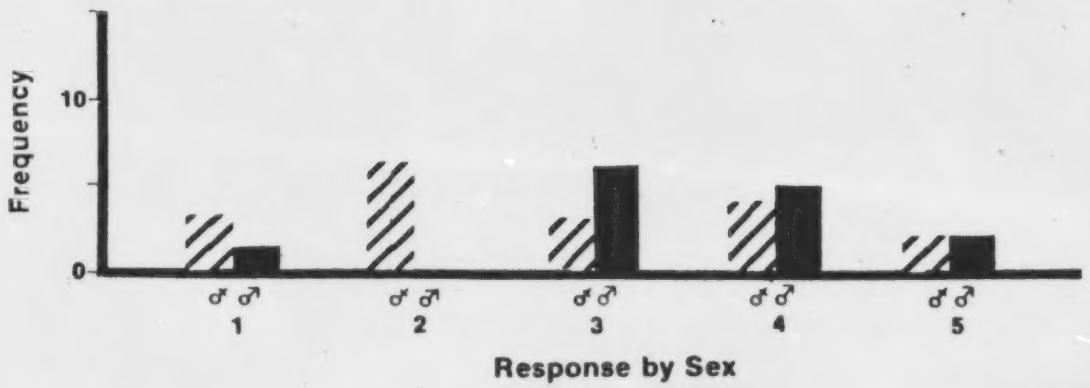
		% (adjusted)		
		♂	♀	composite
1 — Strongly Disagree	1	-	-	-
2— Disagree	2	-	-	-
3 — No Opinion	3	14	10	12
4 — Agree	4	21	18	18
5 — Strongly Agree	5	65	74	70
		100	100	100
Composite =	s	0.75	0.68	0.70
Male =	$\bar{x}$	4.5	4.63	4.57
Female =	mode	5	5	5
	t =	± 0.52		

Figure 11. Item 2 (O.S.) — Composite of Scores

Values and Attitude Scale

Item #3 It's still really a man's world.



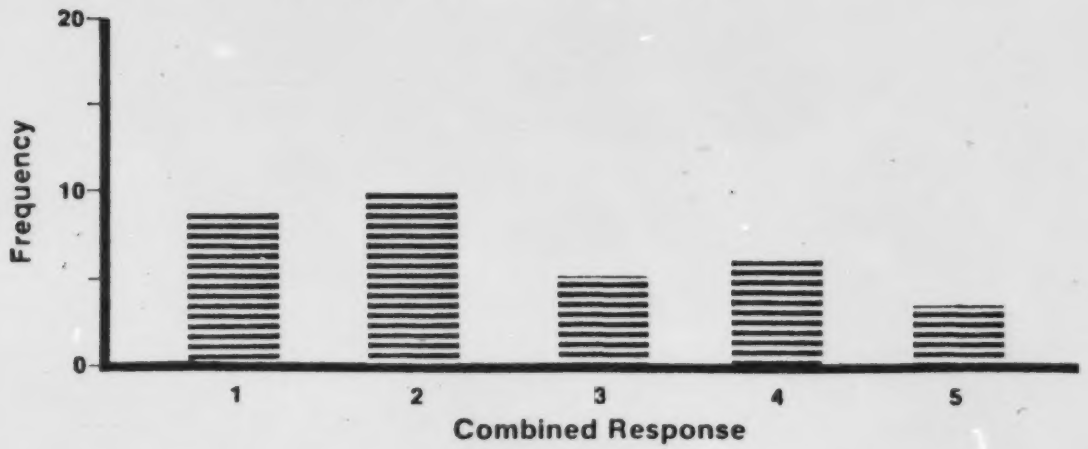


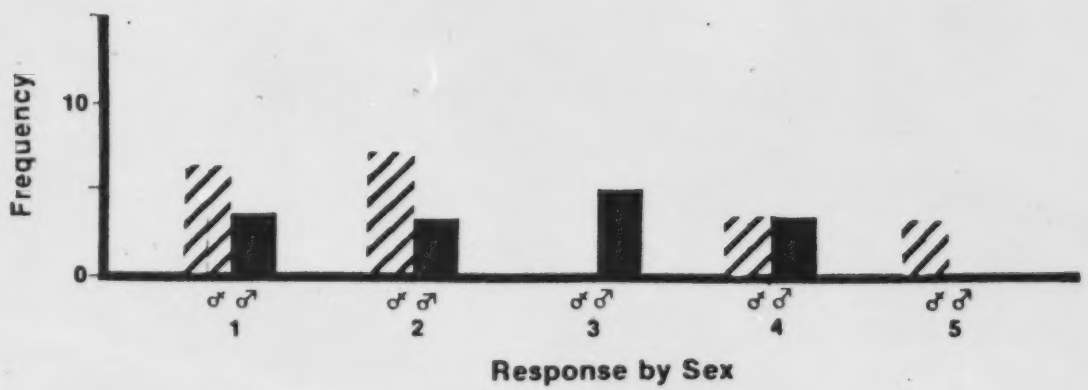
		% (adjusted)		
		♂	♂	composite
1 — Strongly Disagree	1	7	16	12
2— Disagree	2	-	32	18
3 — No Opinion	3	43	21	30
4 — Agree	4	36	21	28
5 — Strongly Agree	5	14	10	12
		100	100	100
Composite =	s	1.01	1.27	1.20
Male =	$\bar{x}$	3.5	2.78	3.09
Female =	mode	3	2	3
	t =	± 1.71		

Figure 12. Item 3 (O.S.) - Composite Scores

Values and Attitude Scale

Item #4 **It's best to start right away teaching children not to touch breakable things.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

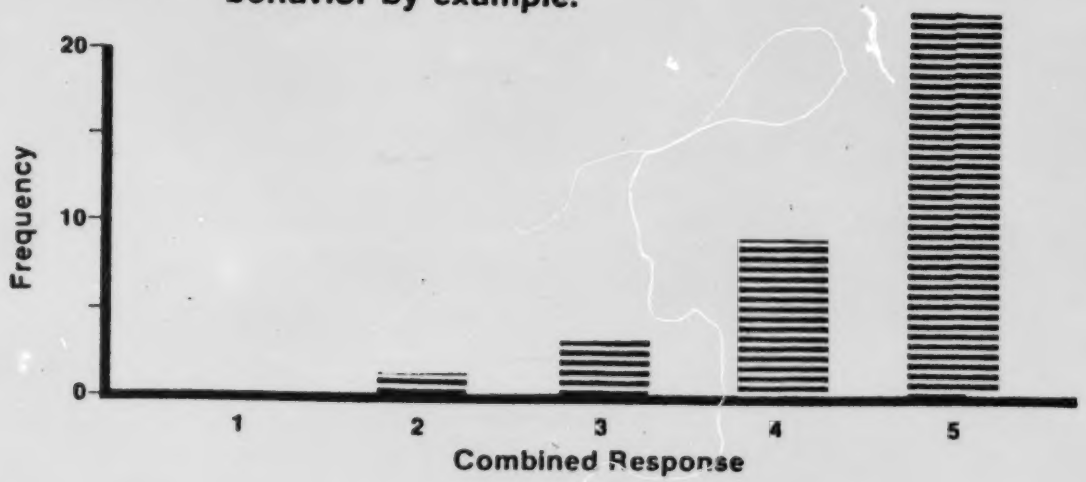
Composite =
Male =
Female =

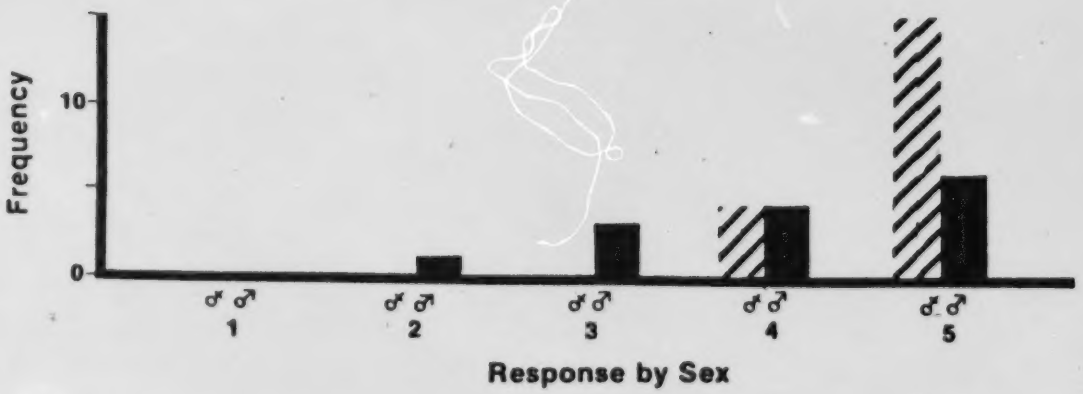
		% (adjusted)		
		♂	♂	composite
	1	21	31	27
	2	21	37	31
	3	36	-	15
	4	21	16	18
	5	-	16	9
		99	100	100
	s	1.08	1.50	1.32
	$\bar{x}$	2.57	2.47	2.51
mode		3	2	2
t =		± 2.57		

Figure 13. Item 4 (O.S.) - Composite Scores

Values and Attitude Scale

Item #5 **A good parent helps to change child behavior by example.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

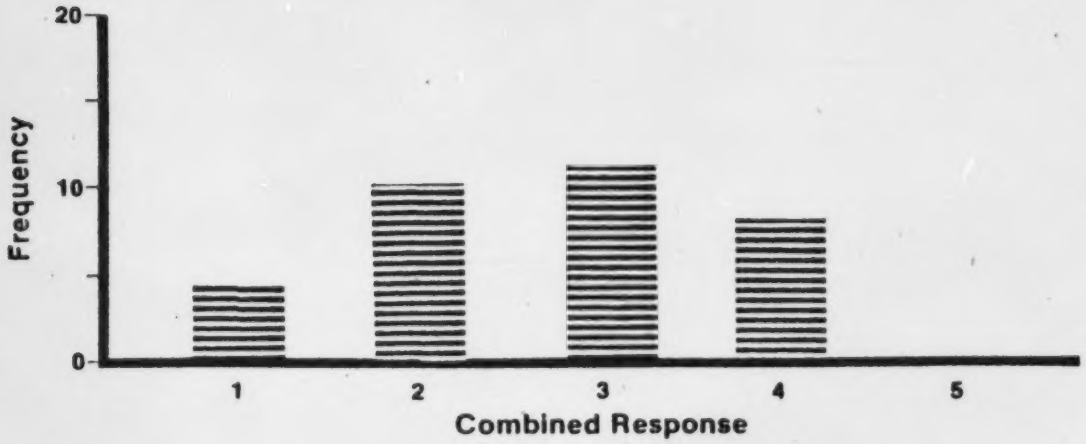
Composite =
Male =
Female =

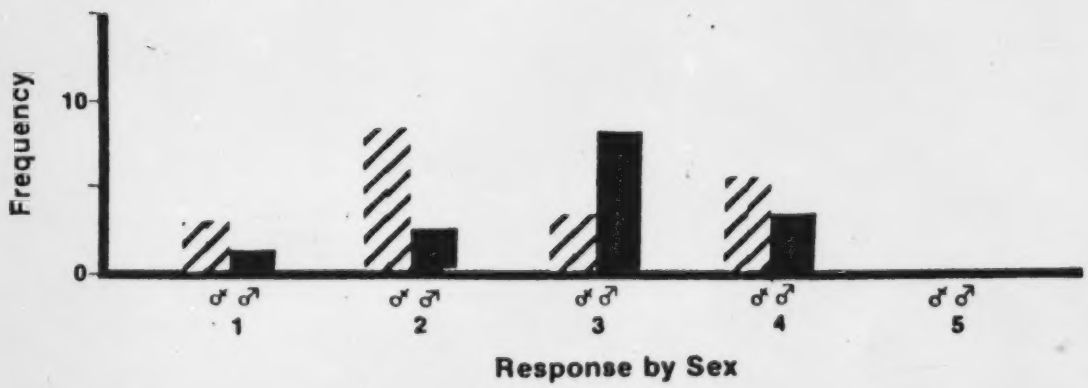
	% (adjusted)		
	♂	♂	composite
1	-	-	-
2	7	-	3
3	21	-	9
4	29	21	24
5	43	79	64
	100	100	100
s	0.99	0.41	0.79
$\bar{x}$	4.07	4.78	4.48
mode	5	5	5
t =	± 9.07		

Figure 14. Item 5 (O.S.) - Composite Scores

Values and Attitude Scale

Item #6 **It is important that children primarily identify with their parents.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

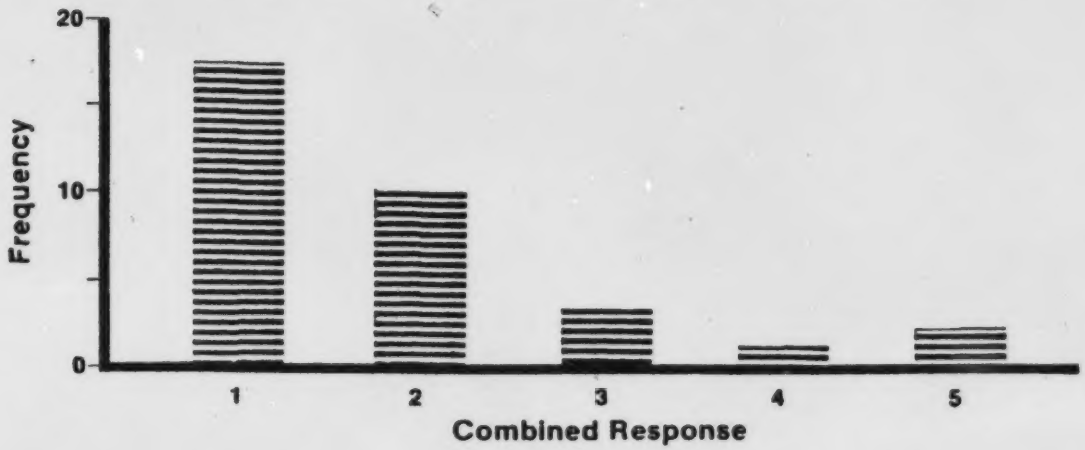
Composite =
Male =
Female =

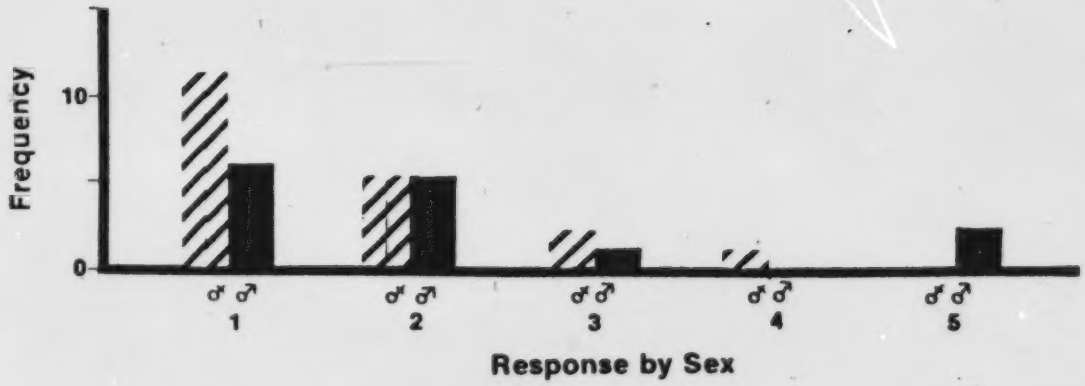
		% (adjusted) ♂	♂ composite	
	1	7	16	12
	2	14	42	30
	3	57	16	34
	4	22	26	24
	5	-	-	-
		100	100	100
	s	0.82	1.07	0.98
	$\bar{x}$	2.92	2.52	2.69
	mode	3	2	3
	t=	± 1.16		

Figure15 Item 6 (O.S.) - Composite Scores

Values and Attitude Scale

Item #7 **Science and Technology can solve the world's problems, so people must rely on these skills.**



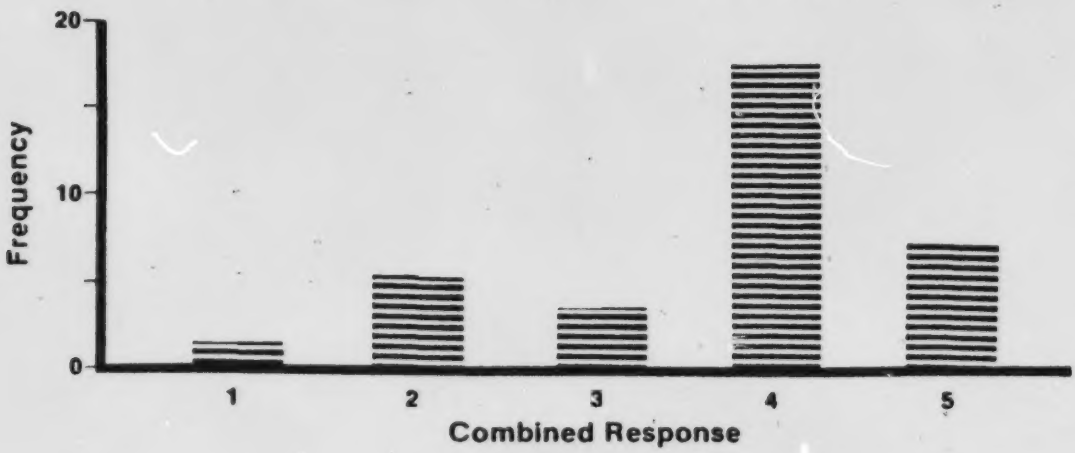


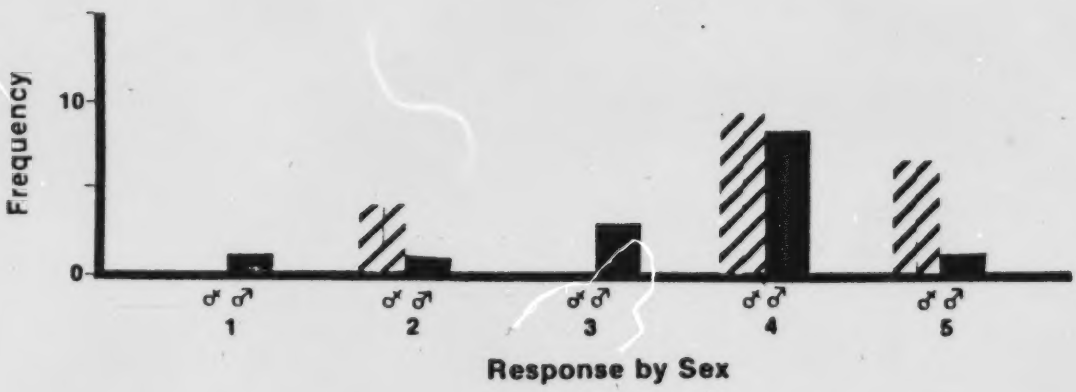
		% (adjusted)		
		♂	♀	composite
1 — Strongly Disagree	1	43	58	52
2— Disagree	2	36	28	30
3 — No Opinion	3	7	11	9
4 — Agree	4	-	5	3
5 — Strongly Agree	5	14	-	6
		100	100	100
Composite =	s	1.38	0.89	1.13
Male =	$\bar{x}$	2.07	1.63	1.81
Female =	mode	1	1	1
	t =	± 1.10		

Figure 16 Item 7 (O.S.) - Composite Scores

Values and Attitude Scale

Item #8 **Children should make their own decisions and be responsible for their own lives.**



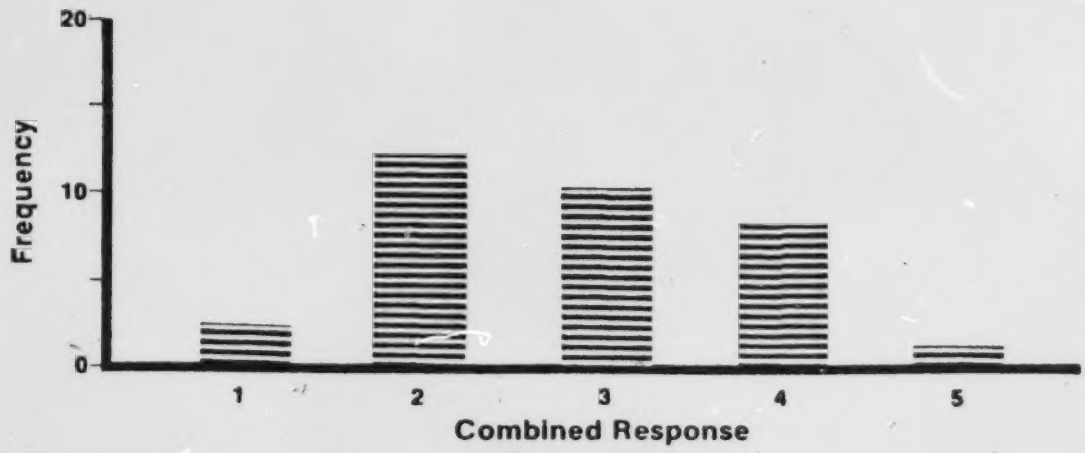


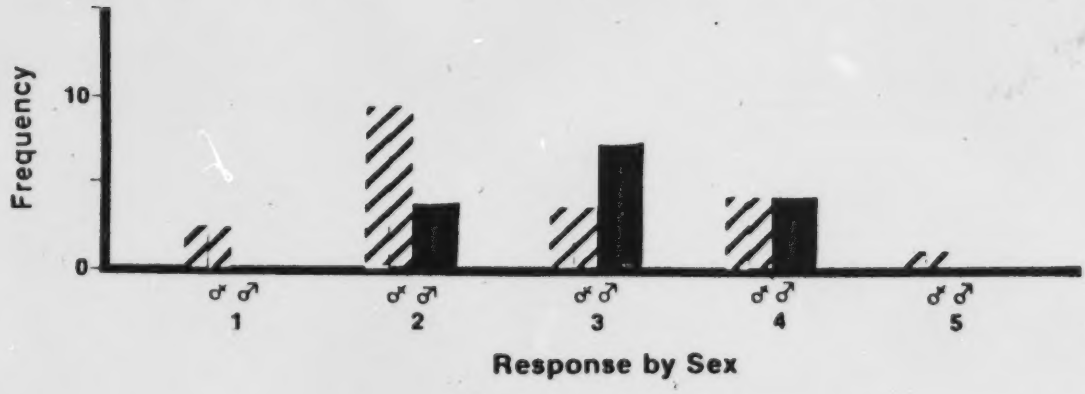
		% (adjusted)		
		♂	♂	composite
1 — Strongly Disagree	1	7	-	3
2— Disagree	2	7	21	15
3 — No Opinion	3	22	-	9
4 — Agree	4	57	47	52
5 — Strongly Agree	5	7	32	21
		100	100	100
Composite =	s	1.01	1.01	1.06
Male =	$\bar{x}$	3.50	3.89	3.72
Female =	mode	4	4	4
	t =	± 1.05		

Figure 17. Item 8 (O.S.) - Composite Scores

Values and Attitude Scale

Item #9 **Children must learn to strive for goals.**



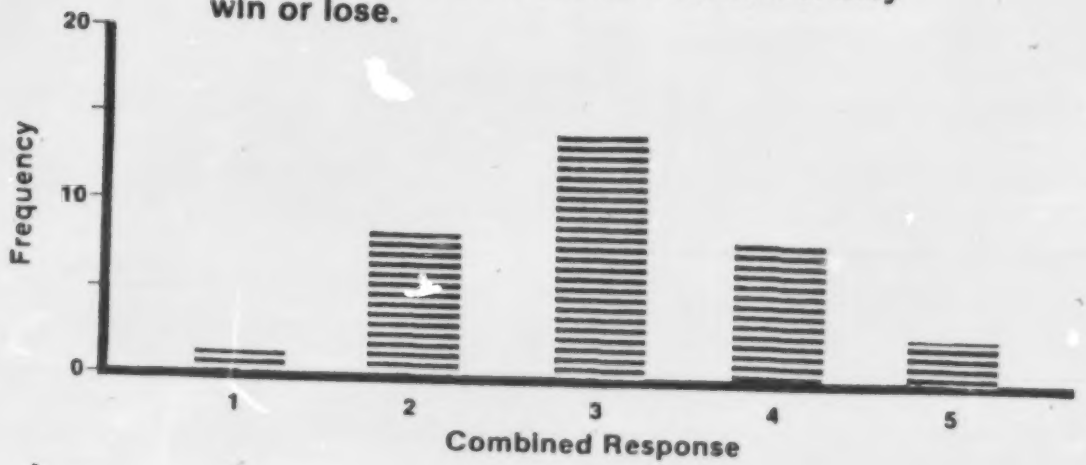


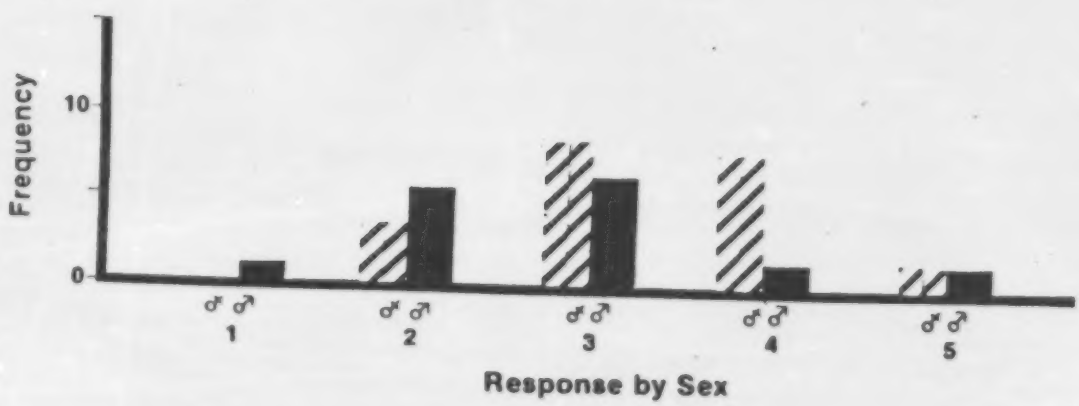
		% (adjusted) ♂	♂ composite	
1 — Strongly Disagree	1	-	11	6
2— Disagree	2	21	47	37
3 — No Opinion	3	50	16	30
4 — Agree	4	29	21	24
5 — Strongly Agree	5	-	5	3
Composite =	s	0.58	1.11	0.98
Male =	$\bar{x}$	3.07	2.63	2.81
Female =	mode	3	2	2
	t =	± 1.81		

Figure 18. Item 9 (O.S.) - Composite Scores

Values and Attitude Scale

Item #10 **Life is competitive, consequently people must learn to be well behaved whether they win or lose.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

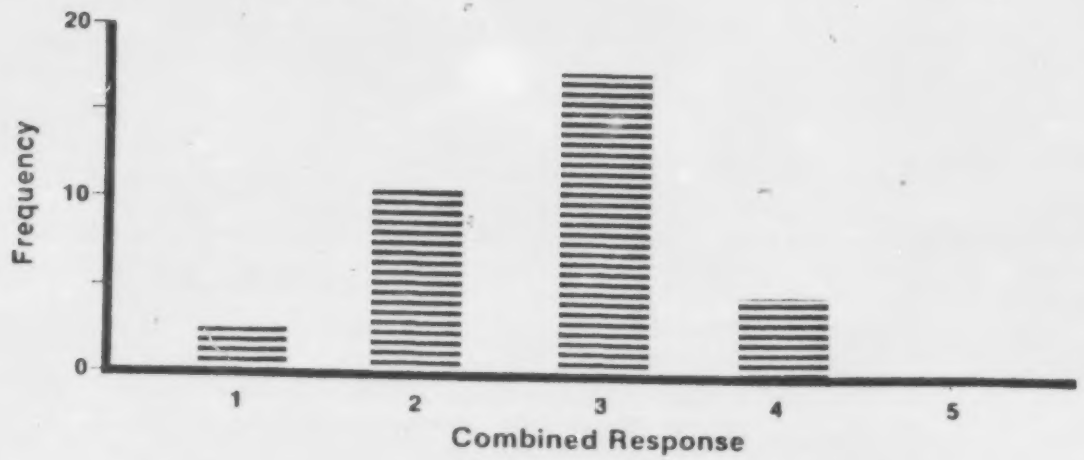
Composite =
Male =
Female =

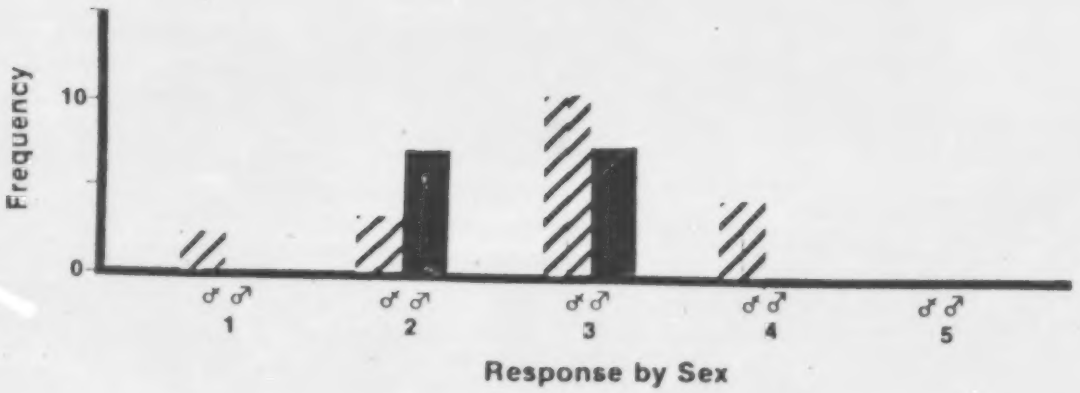
	% (adjusted) ♂	♂	♂ composite
1	7	-	3
2	36	16	24
3	43	42	43
4	7	37	24
5	7	5	6
s	0.99	0.82	0.93
$\bar{x}$	2.71	3.31	3.06
mode	3	3	3
t =		± 1.90	

Figure 19. Item 10 (O.S.) - Composite Scores

Values and Attitude Scale

Item #11 **Friends are more important than family in the long run.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

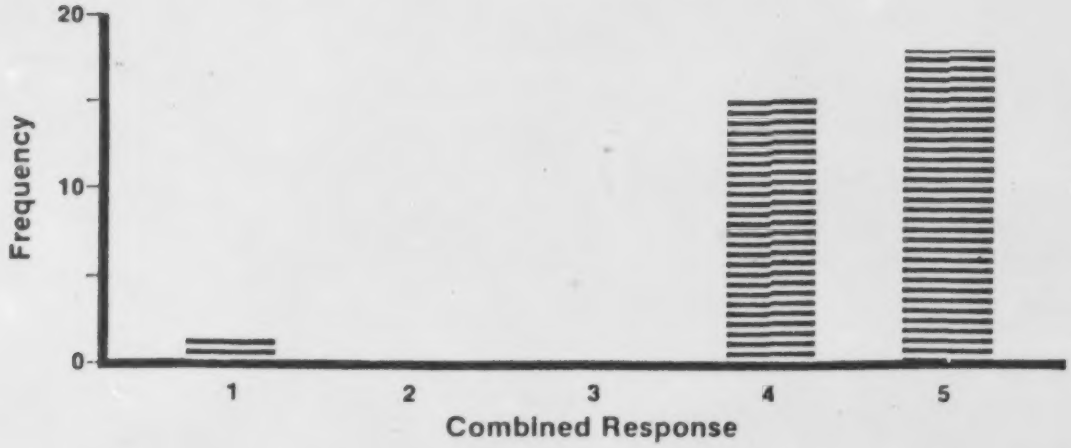
Composite =
Male =
Female =

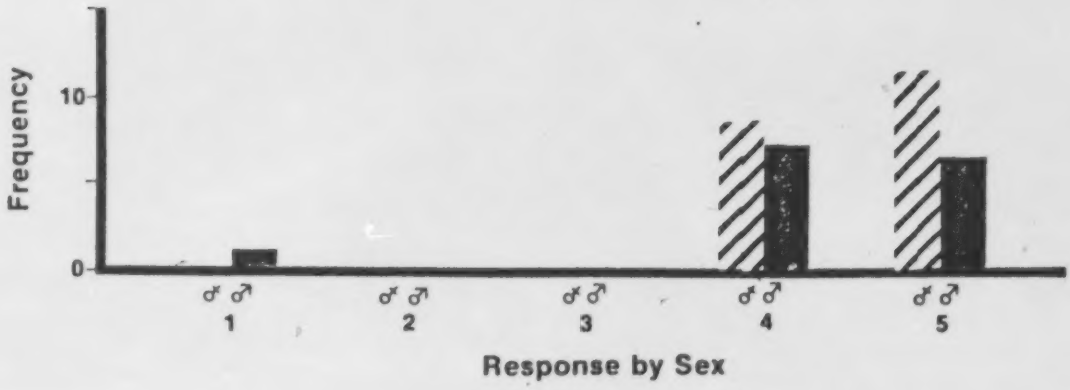
	% (adjusted) ♂	♂	♂ composite
1	-	10	6
2	50	16	30
3	50	53	52
4	-	21	12
5	-	-	-
	100	100	100
s	0.51	.89	0.76
$\bar{x}$	2.50	2.84	2.69
mode	2,3	3	3
t =	± 1.27		

Figure 20. Item 11 (O.S.) - Composite Scores

Values and Attitude Scale

Item #12 **It is best to let kids work out their own squabbles, whenever possible.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

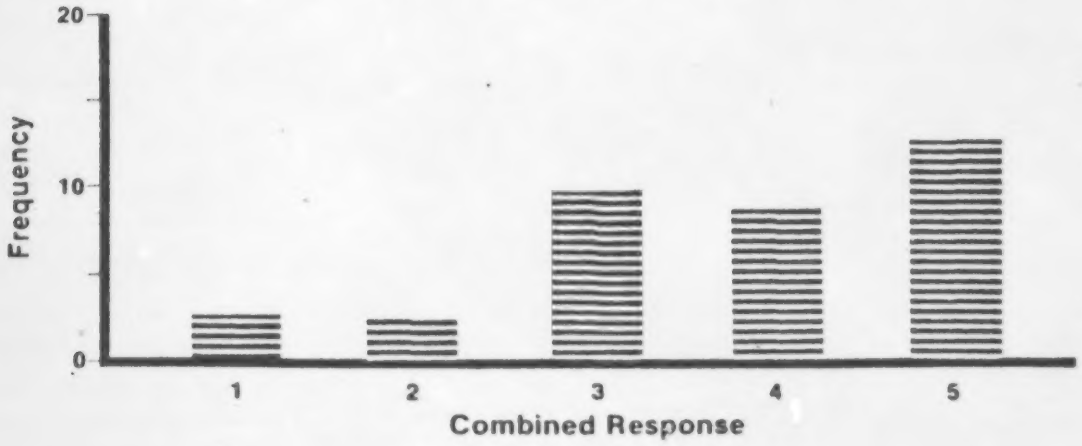
Composite =
Male =
Female =

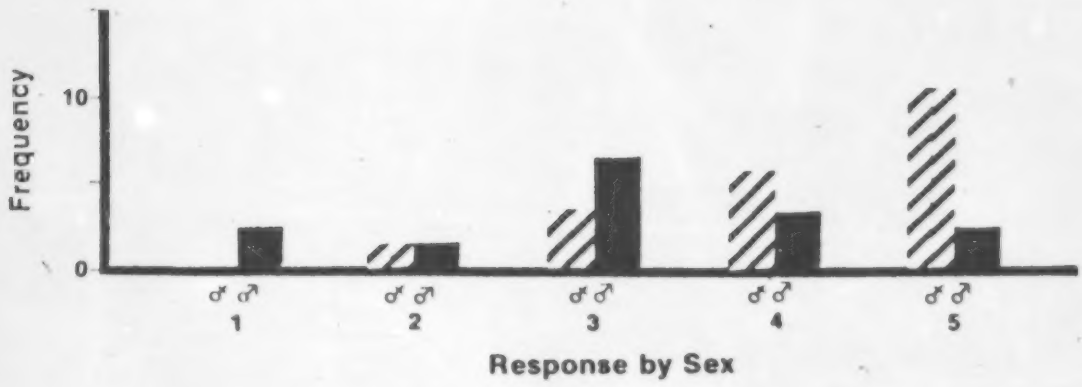
		% (adjusted) ♂	♂	♂ composite
	1	7	-	3
	2	-	-	-
	3	-	-	-
	4	50	42	45
	5	43	58	52
s		1.05	0.50	0.79
$\bar{x}$		4.21	4.57	4.42
mode		4	5	5
t =			± 1.32	

Figure 21. Item 12 (O.S.) - Composite Scores

Values and Attitude Scale

Item # 13 Natural health cures are better than doctor's diagnoses and prescriptions.



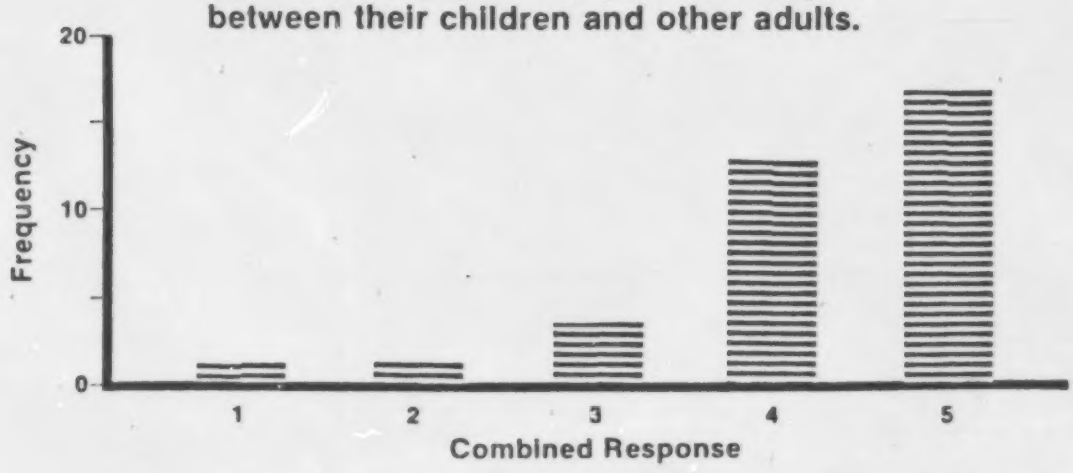


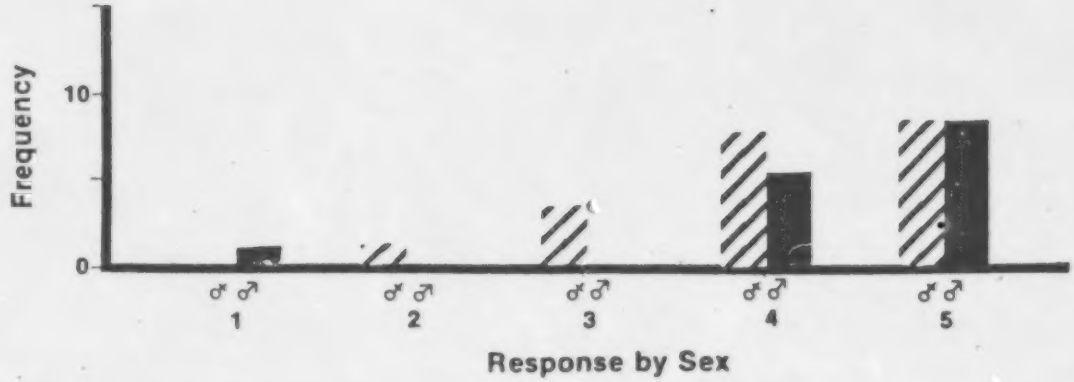
		% (adjusted) ♂	♂ composite	
1 — Strongly Disagree	1	14	-	6
2— Disagree	2	7	5	6
3 — No Opinion	3	43	16	27
4 — Agree	4	22	26	24
5 — Strongly Agree	5	14	53	37
Composite =	s	1.23	0.93	1.19
Male =	$\bar{x}$	3.14	4.26	3.78
Female =	mode	3	5	5
	t=	± 2.97		

Figure 22. Item 13 (O.S.) - Composite Scores

Values and Attitude Scale

Item #14 **Parents must make a conscious effort to foster trusting and caring relationships between their children and other adults.**



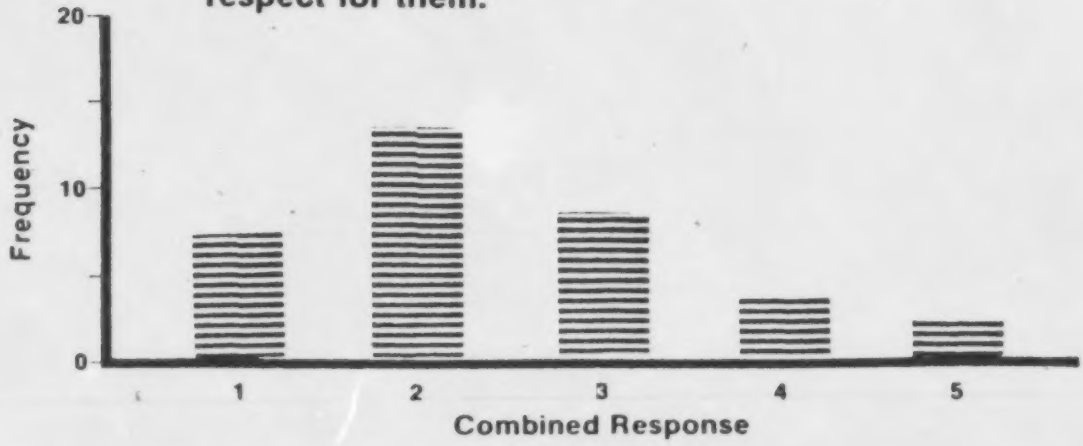


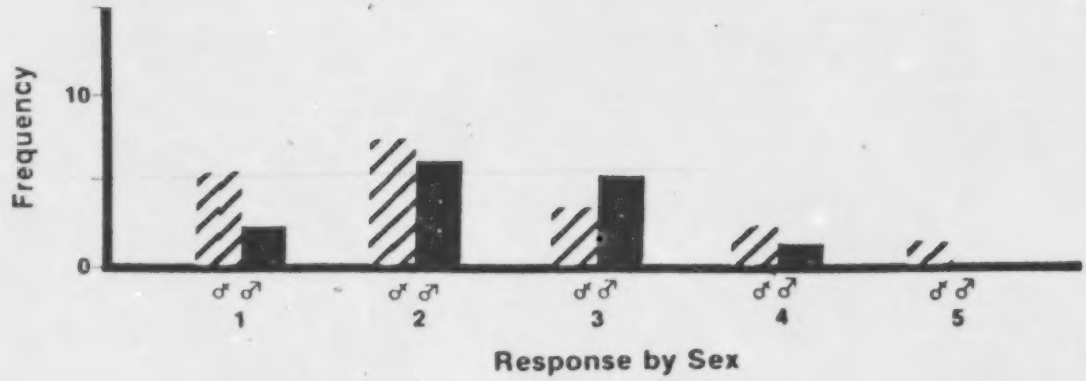
		% (adjusted) ♂	♂	♂ composite
1 — Strongly Disagree	1	7	-	3
2— Disagree	2	-	5	3
3 — No Opinion	3	-	16	9
4 — Agree	4	36	37	36
5 — Strongly Agree	5	57	42	49
		100	100	100
Composite =	s	1.08	0.89	0.96
Male =	$\bar{x}$	4.35	4.15	4.29
Female =	mode	5	5	5
	t =	± 1.34		

Figure 23. Item 14 (O.S.) - Composite Scores

Values and Attitude Scale

Item #15 **A child should not talk back to his/her parents, if allowed to do so he/she will lose respect for them.**



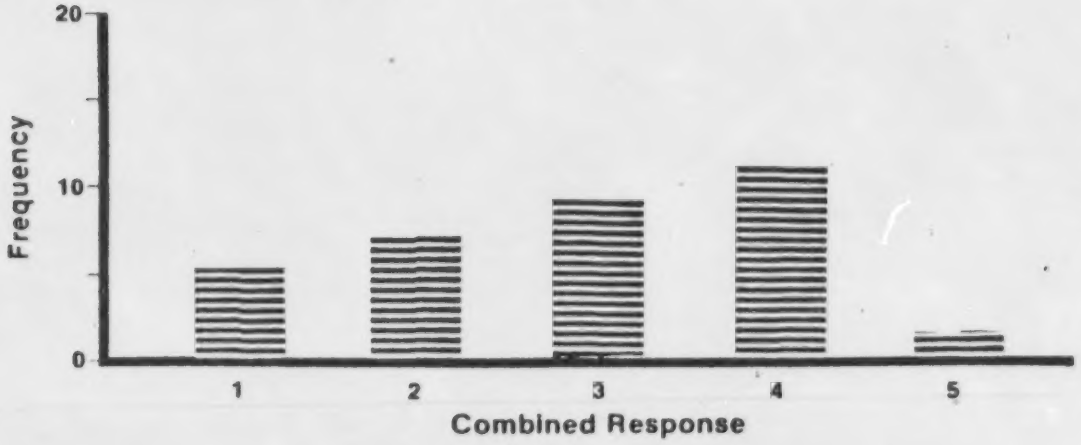


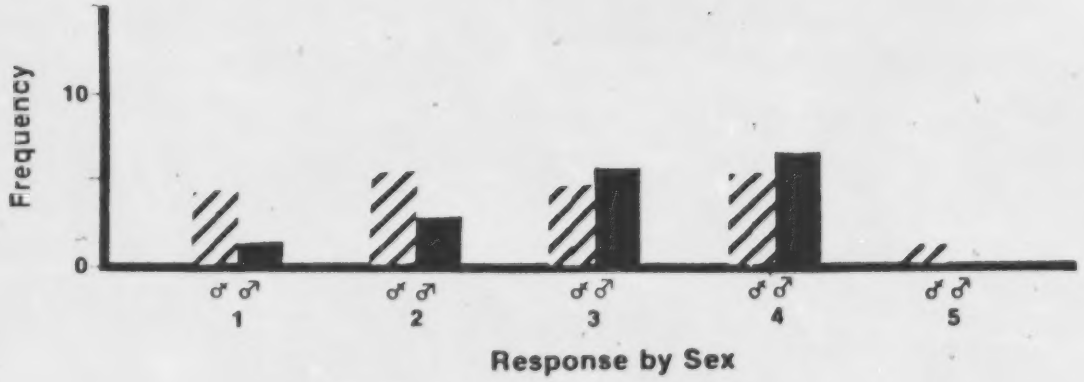
		% (adjusted) ♂	♂	♂ composite
1 — Strongly Disagree	1	14	26	21
2— Disagree	2	43	37	40
3 — No Opinion	3	36	15	24
4 — Agree	4	7	11	9
5 — Strongly Agree	5	-	11	6
		100	100	100
Composite =	s	0.84	1.30	1.11
Male =	$\bar{x}$	2.35	2.42	2.39
Female =	mode	2	2	2
	t =	±	0.16	

Figure 24. Item 15 (O.S.) - Composite Scores

Values and Attitude Scale

Item #16 **Punishment aids in the establishment of self-discipline in children.**



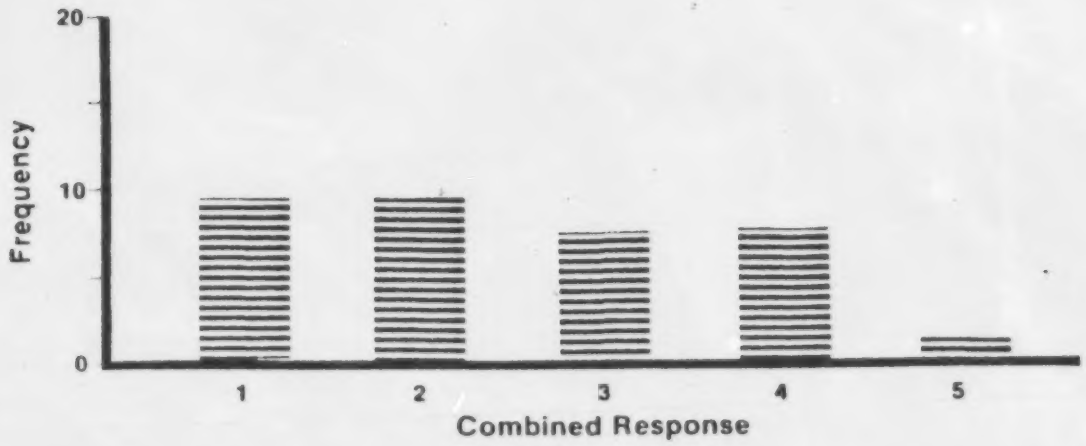


		% (adjusted)		
		♂	♀	composite
1 — Strongly Disagree	1	7	21	15
2— Disagree	2	14	26	21
3 — No Opinion	3	36	21	27
4 — Agree	4	43	26	34
5 — Strongly Agree	5	-	6	3
		100	100	100
Composite =	s	0.94	1.24	1.13
Male =	$\bar{x}$	3.14	2.68	2.87
Female =	mode	4	2,4	4
	t=	± 1.14		

Figure 25. Item 16 (O.S.) - Composite Scores

Values and Attitude Scale

Item #17 "Spare the rod and spoil the child" still holds true today.

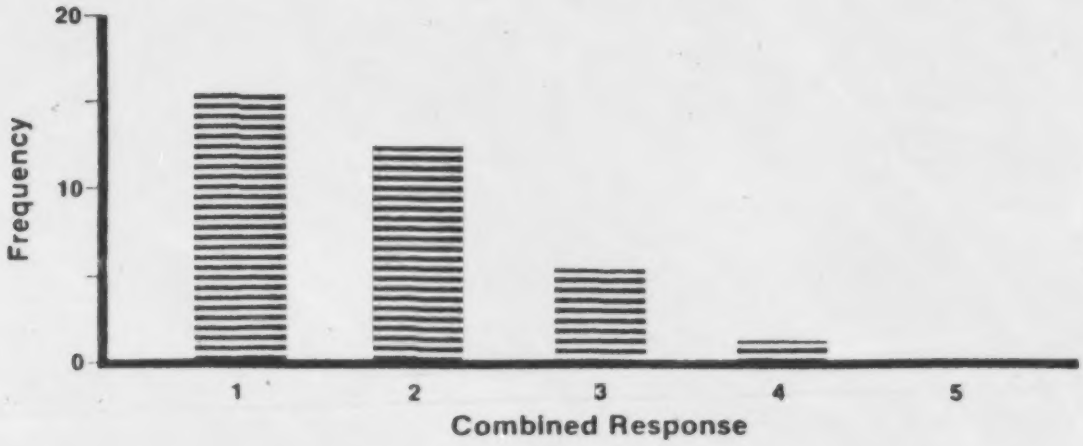


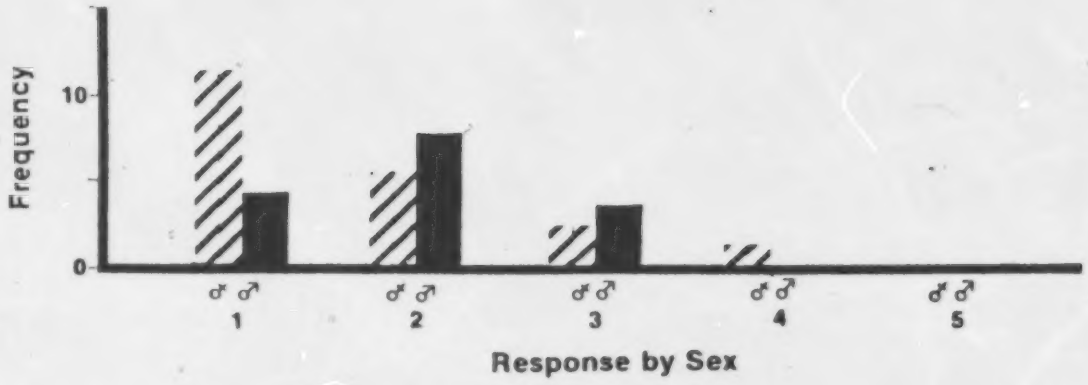
		% (adjusted) ♂	♂	♂ composite
1 — Strongly Disagree	1	14.3	37	27.3
2— Disagree	2	21.4	32	27.3
3 — No Opinion	3	42.9	5	21.2
4 — Agree	4	21.4	21	21.2
5 — Strongly Agree	5	-	5	3.0
		100	100	100
Composite =	s	0.99	1.32	1.20
Male =	$\bar{x}$	2.71	2.26	2.45
Female =	mode	3	1	1,2
	t =	± 1.06		

Figure 26. Item 17 (O.S.) - Composite Scores

Values and Attitude Scale

Item #18 **A child who is unusual should be encouraged to be more like other children.**



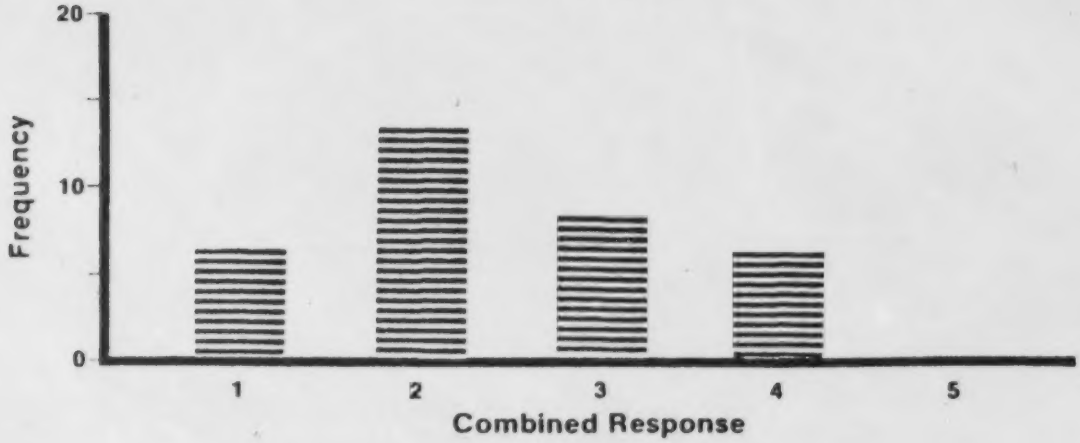


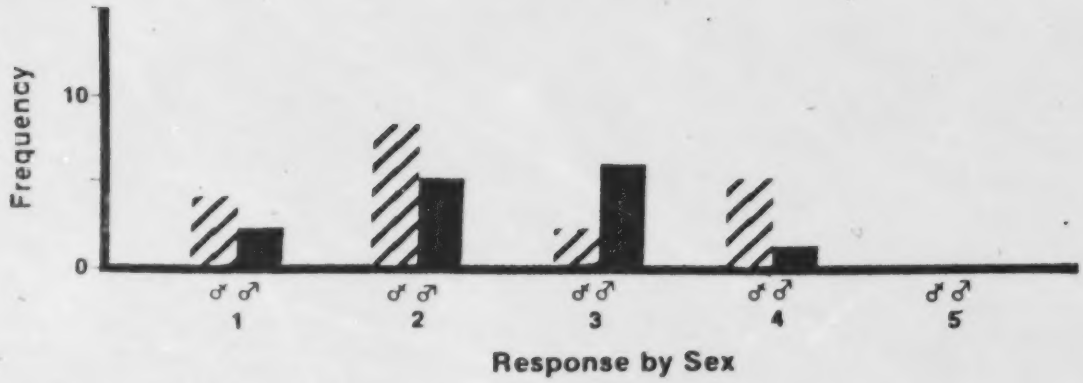
		% (adjusted)		
		♂	♂	composite
1 — Strongly Disagree	1	29	58	46
2— Disagree	2	50	26	36
3 — No Opinion	3	21	11	15
4 — Agree	4	-	5	3
5 — Strongly Agree	5	-	-	-
		100	100	100
Composite =	s	0.73	0.89	0.83
Male =	$\bar{x}$	1.92	1.63	x=1.75
Female =	mode	2	1	1
	t =	±	1.92	

Figure 27 Item 18 (O.S.) - Composite Scores

Values and Attitude Scale

Item #19 **A parent whose child is messy or rowdy has failed to provide proper guidance.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

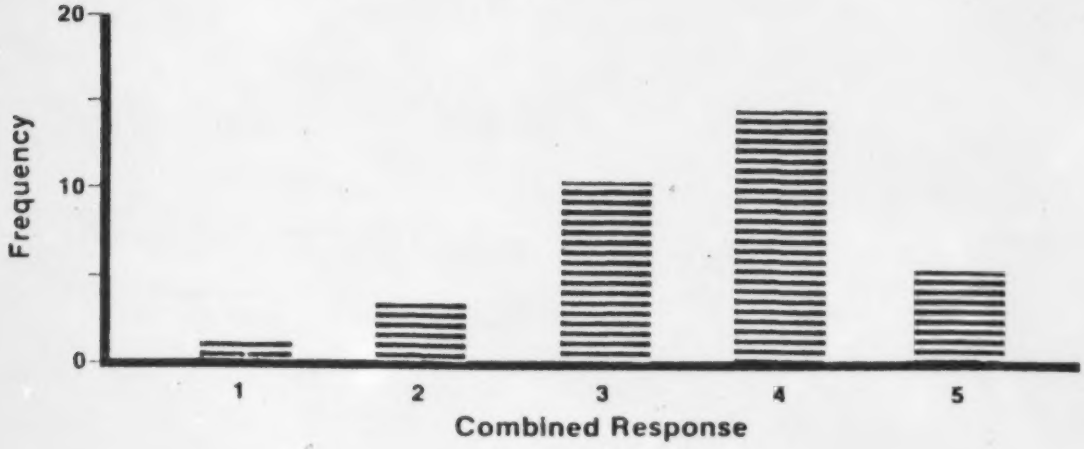
Composite =
Male =
Female =

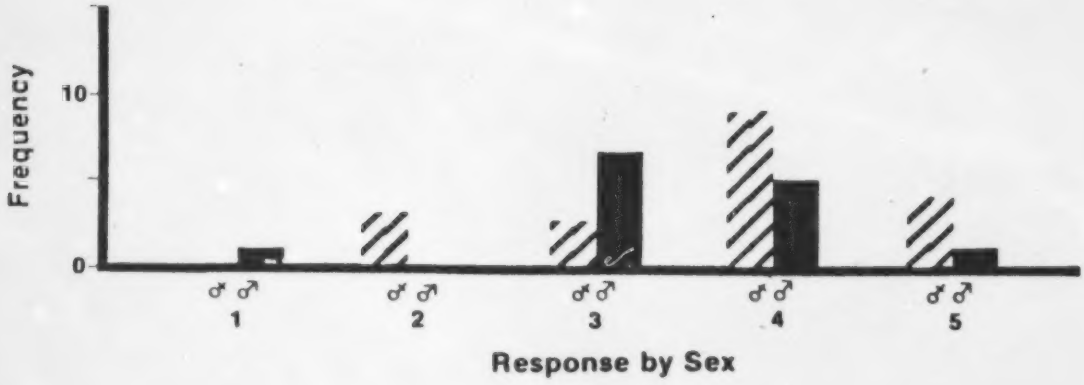
	% (adjusted)		
	♂	♂	composite
1	14	21	18
2	36	42	40
3	43	11	24
4	7	26	18
5	-	-	-
	100	100	100
s	0.85	1.12	1.00
$\bar{x}$	2.42	2.42	2.42
mode	3	2	2
t=	±	0.02	

Figure 28. Item 19 (O.S.) - Composite Scores

Values and Attitude Scale

Item #20 **Curiosity about sex in young children should be encouraged.**





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

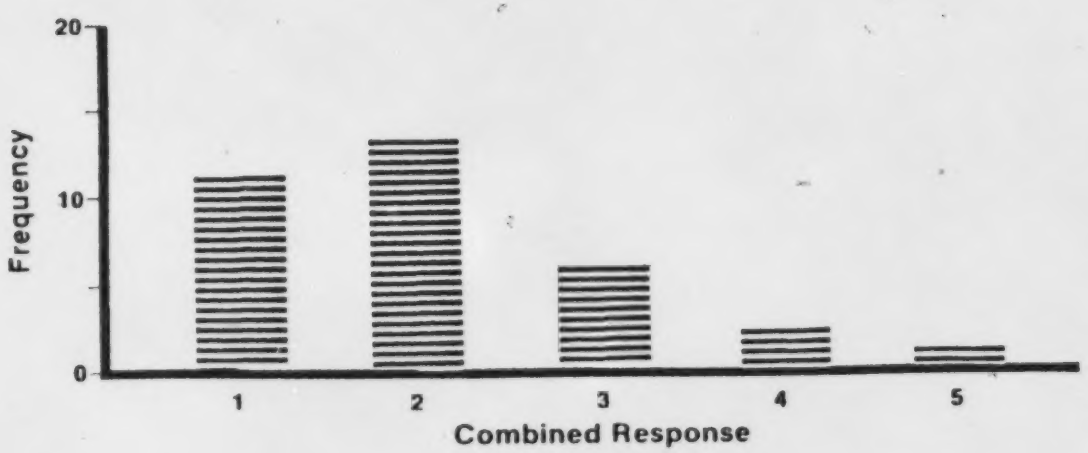
Composite =
Male =
Female =

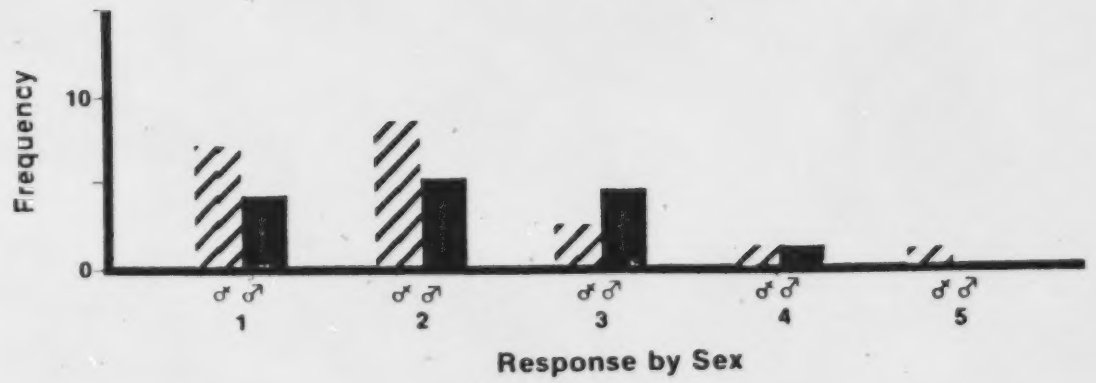
	% (adjusted) ♂	♂	♂ composite
1	7	-	3
2	-	16	9
3	50	16	30
4	36	47	43
5	7	21	15
	100	100	100
s	0.92	0.99	0.96
$\bar{x}$	3.35	3.73	3.57
mode	3	4	4
t=	± 1.21		

Figure 29. Item 20 (O.S.) - Composite Scores

Values and Attitude Scale

Item #21 Children are too young for sexual experience.





1 — Strongly Disagree
2— Disagree
3 — No Opinion
4 — Agree
5 — Strongly Agree

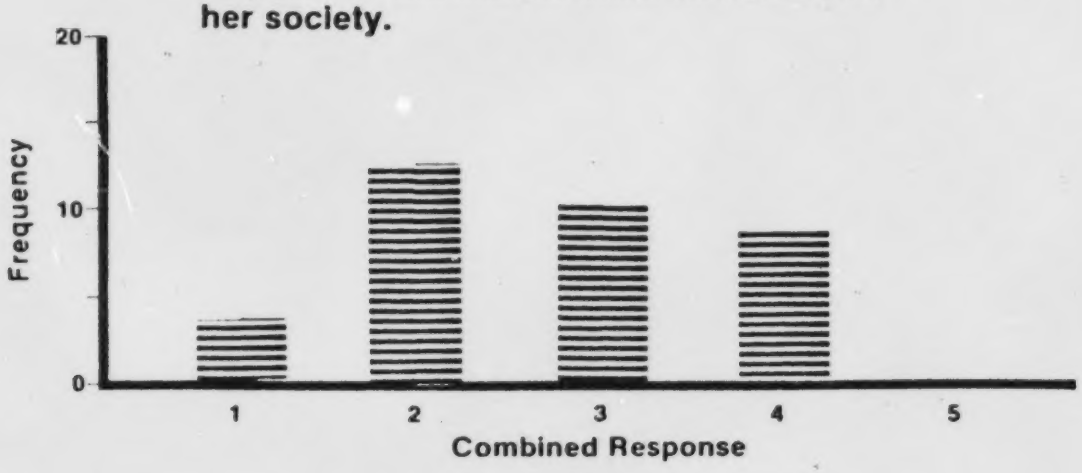
Composite =
Male =
Female =

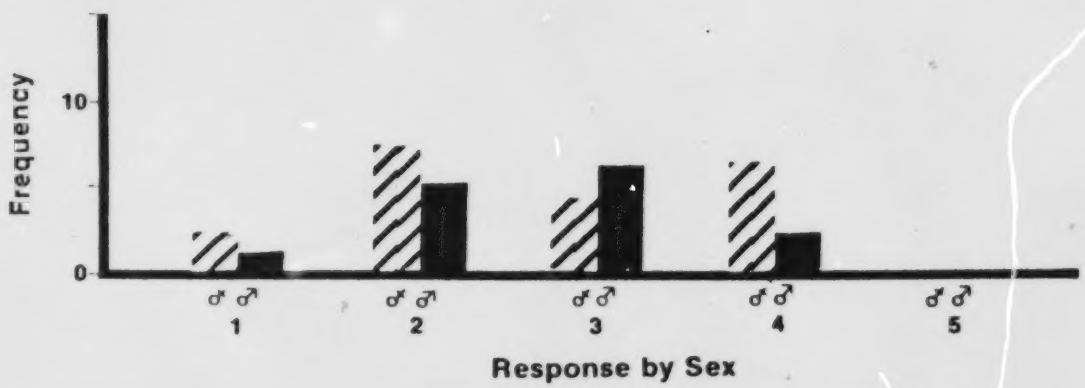
		% (adjusted) ♂	♂	♂ composite
1		29	37	33
2		35	42	40
3		29	11	18
4		7	5	6
5		-	5	3
		100	100	100
	s	0.94	1.10	1.02
	$\bar{x}$	2.14	2.00	2.06
	mode	2	2	2
	t=	± 0.01		

Figure 30 Item 21 (O.S.) - Composite Scores

Values and Attitude Scale

Item #22 **It is important to teach the child as early as possible the manners and morals of his/her society.**



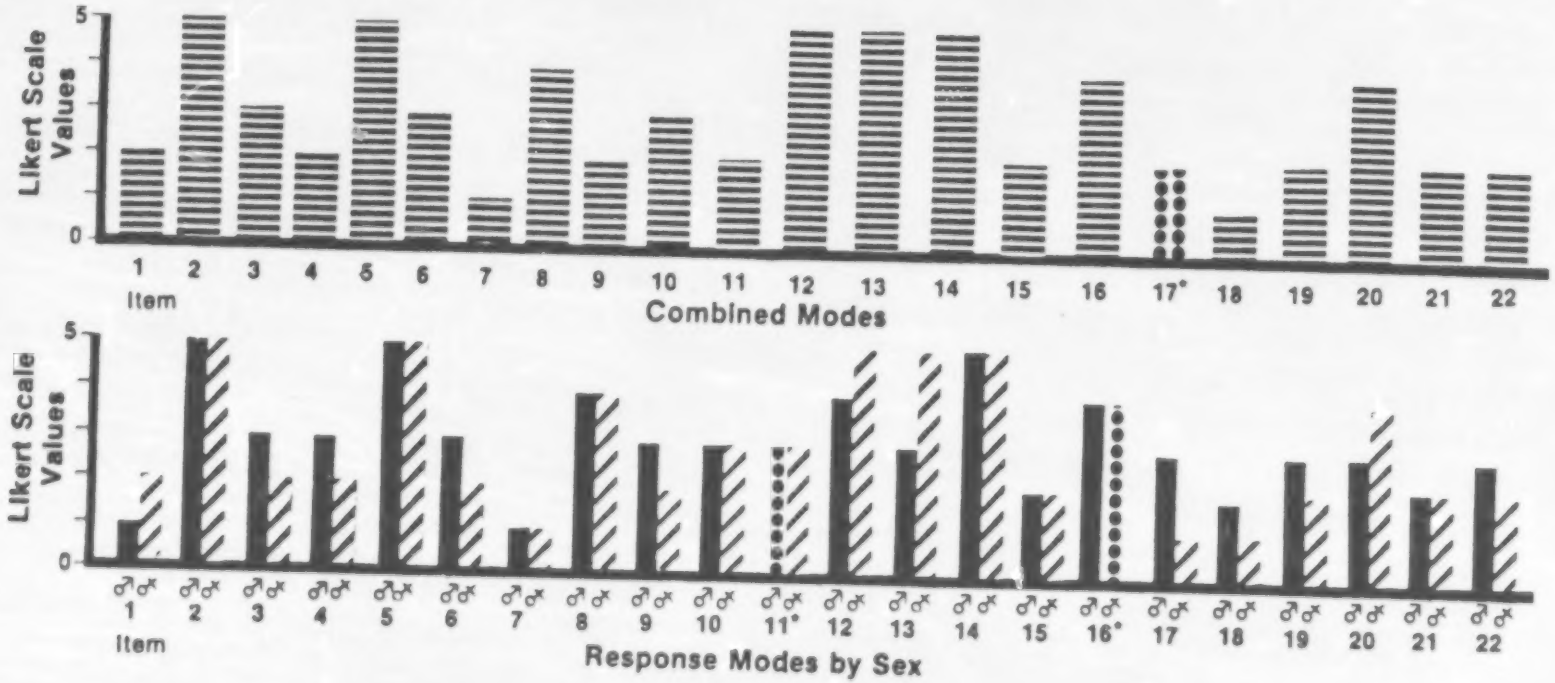


		% (adjusted)		
		♂	♂ composite	
1 — Strongly Disagree	1	7	10	9
2— Disagree	2	36	37	37
3 — No Opinion	3	43	21	30
4 — Agree	4	14	32	24
5 — Strongly Agree	5	-	-	-
		100	100	100
Composite =	s	0.84	1.04	0.95
Male =	$\bar{x}$	2.64	2.74	2.69
Female =	mode	3	2	2
	t=	± 0.27		

Figure 31. Item 22 (O.S.) - Composite Scores

Values and Attitude Scale

Subscale: Response Modes



*17=1,2(x=2.45) (ER)
*11=2,3(x=2.5)(♂ R)
*16=2,4(x=2.7)(♂ R)

Combined=
Male=
Female=
*Item = Bimodal

Figure32. Values and Attitudes Scale - Modal Response Per Item

APPENDIX F

CASE STUDY:

COUPLE A

Couple A (both age 33) completed their Master's degrees at a midwestern university. He has two degrees, one in Education and the other in Social Work; she has one degree in Speech Therapy. They migrated to southern California where their first child (now age 6) was born in a hospital. Encountering others of similar intent, they migrated northward and about a year later, to southern Oregon where land was collectively purchased. They live in a multi-sided wooden house in the forest with a partitioned ground floor and a sleeping loft for the parents. The second child was born in this home one and a half years ago with an M.D., a midwife, friends and family in attendance. These parents are offspring of three out of four professionals. The father's parents were a minister and teacher, the mother's were a meat-cutter and a nurse.

Couple A's responses to the Child-Rearing Inventory revealed high levels of agreement in their perceptions of socialization practices and experiences. The mother indicated her deeper primary involvements in birthing and household chores through more detailed responses to related items. Father displayed his role as relatively more disciplinarian and authoritarian by including dominance and intervention within his repertoire of conflicts resolution methodologies. Father also included two more controls--those of restriction and task assignment or scheduling. Father has become more involved with the second child. Whether or not this was due to the child being a male was impossible to

tell. Both parents cited evidence of substantial involvement between the children and other adults (mother cited eight, father cited fourteen).

Responses to the Values and Attitude Scale reveal a tendency to agree among the parents. The mother's responses indicated her rather strong disagreement with traditional and authoritarian familial values. The father's responses suggested an ambivalence to traditional and authoritarian family values with some agreement on traditional items. Couple A revealed mild agreement with Eiduson's contemporary salient child-rearing values, though they both reported no opinions for some items. They strongly agreed that women are equally capable of developing equal work skills with men and that good parents help change child behavior by example. They disagreed with the belief that children are too young for sexual experience. They agreed that curiosity about sex should be encouraged and that children must learn to strive for goals. Couple A also mutually responded with no opinion to the statement that friends are more important than family in the long run.

Couple A appear to be a strong and stable socializing unit with minimal discrepancies between their reported behaviors and attitudes. A sense of interpersonal equalitarianism permeated their responses and high levels of personal investment in the familial experience was suggested by the wealth and detail of information provided by the parents.

The children's medical histories revealed that neither child has had a medical problem of any sort, and both have enjoyed excellent health.

CASE STUDY

COUPLE B

Couple B (both age 36) met in the San Francisco Bay area. The female grew up in a middle-class neighborhood there and the male moved there from Pennsylvania as a young man. Both attended college off and on while in San Francisco. The male worked at menial blue collar jobs and the female was a secretary. The female became alienated by urban life and joined the "Hippie Movement" of 1967-68 during which time she visited many communal settings. A mutual interest in macrobiotic nutrition brought them together and their first child was born at a hospital while they were living in the North Beach area of San Francisco seven years ago. It was during this period of time that the male began his apprenticeship and study as a fine furniture finisher and woodworker.

A mutual desire to develop expertise in macrobiotics led the family to migrate to Boston where a renowned macrobiotic community exists. The couple studied under a Master there. The female attended Harvard and became respected as a writer among the community. The male held various positions related to the macrobiotic restaurant trade; construction, food preparation and management.

Feeling a need to be closer to nature, the family set out to find a more comfortable life space. They returned to San Francisco where they were welcomed back by their old macrobiotic friends, many of whom had experienced a similar pilgrimage to Boston. The male returned to college to study his furniture crafts; he also studied privately under the tutelage of a master craftsman.

The female's family owned a portion of a semi-abandoned rural village in Northern California. Her grandfather had been an original settler there and she shall inherit some of this property. A move to resettle in the village was begun with two other interested couples.

The first step was to live in the village for a summer. Couple B and another couple accomplished this, moving back to the Bay Area for the winter. During that first summer, the men began construction of a wood shop in the village. The next summer they returned, this time with a third additional couple. Since that second summer, the communal/ cooperative has existed in the village and remains a stable factor within the village life.

The wood shop has become a cooperative partnership and is a popular remodeling concern within the area. The female in Couple B has finished a book on nutrition and is currently working on publication of same. Since migrating to the village, Couple B has produced two other children, both were born at home in the village. Their three children are now ages seven, four, and one.

Couple B's responses to the child-rearing questionnaire revealed a tendency toward agreement with substantial areas of disagreement evidenced as well. The mother displayed substantial involvements in rearing and birthing through her detailed responses. The father made only slightly less detailed responses which suggests his involvements are nearly as substantial as hers. Couple B seldom relied on medical professionals for health care. Prenatal consultation was sparse and prenatal care was slow to come; with the second birth, prenatal care did not begin until the female was seven months pregnant. The male delivered the second and third babies himself at home and in the company

of close friends. The female displayed variable responses to situations requiring discipline or punishment while the male appeared to favor a discussion response. Both relied on verbal behavioral controls for children, though the female included restriction in her repertoire. No responses were given by Couple B on the introduction of solid foods and chore structures for children items. Both male and female reported that some 13-14 other adults have significant interaction with their children.

Values and Attitude Scale responses exhibited high incidences of agreement for Couple B. Neither parent displayed definitive reactions to traditional family values items. Both agreed that good parents help change child behavior by example. The male believed that it is a man's world and the female dissented. Couple B tended to be ambivalent to Eiduson's salient contemporary child-rearing values. Both agreed that it is best to let children work out their own conflicts and that natural health cures are better than doctor's diagnoses and prescriptions. The female tended to agree with Authoritarian Family Scale items whereas the male displayed ambivalence, suggesting that she might be the source of authority within the family unit. Both agreed that sparing the rod spoils the child and that messy or rowdy children lack proper parental guidance. Both believed that allowing a child to talk back to his/her parent will not cause a loss of respect by the child for his/her parent.

The children's health has been excellent and medical histories revealed that the only problem thus far has been when the oldest child contracted measles. The two younger children have experienced no acute conditions.

Couple B seemed to be a stable socializing unit composed of two parents whose personal investment in their children was a central feature. The couple shared as much child-rearing responsibility as possible and their lifestyle enhanced this sharing.

CASE STUDY:

COUPLE C

Couple C met, fell in love, and romanced within the atmosphere of the Fillmore and Winterland in San Francisco, the settings for huge, highly popular rock music concerts. Her childhood had been a rootless experience as an Air Force dependent. She spent the majority of her youth, twelve years, in the Orient. He grew up in an Italian ghetto in the North Beach area of San Francisco.

The female's collegiate involvements were political, working with the Students for a Democratic Society (S.D.S.) as a leftist-activist. The male had had a deep interest in athletics, namely football and judo, and went to college to participate in these sports.

Both were profoundly influenced by the post-beat hippie movement of the 1960s and 70s. They were involved in the drug culture and indicated that psychedelics had been a central feature of this experience.

The male had worked in the rock music industry as a managerial affiliate of numerous musical groups considered to be quite popular. She attended the concerts and was attracted to the scene. Their first child was born at home, on a houseboat in the San Francisco bay.

Couple C became disenchanted with the rock music scene and left rock and roll for a country retreat in the mountains of Northern California where their second child was born in a hospital delivery room. They studied yoga, hinduism, and christianity, developing their family beliefs from these diverse sources. He took up farming and began writing his experiences. For two and a half years they lived on

accumulated savings and when the money ran out, they moved closer to a university where he could finish a master's degree.

The male taught in an adult education program, concentrating on classes in gardening, natural foods and cooking. He farmed a small, leased apple orchard nearby and continued to write. He had a book about the rock music industry in preparation for publication.

The female was a mother and housewife, devoting her time to raising the children in their beliefs. She felt that they must change the course of this polluted civilization by effecting an inner change within themselves. A third child was recently born, again in a conventional hospital delivery room, and much of her energy was into caring for the infant.

Couple C's responses to the child-rearing inventory revealed equal amounts of item agreement and disagreement. The male displayed a strong familial orientation with a highly developed participation in all stages of child care. The female indicated differing attitudes toward each conception whereas the male singlemindedly believed a mutual decision to conceive existed in all cases. The female included physical and verbal approaches to child management and the male appeared to rely strictly on verbal means. The male's attitude suggested a total egalitarianism and the female's response was that children are not as equal as adults. The female reported that the onset of prenatal care ranged from two months (third pregnancy) to nine months (second pregnancy), and the male reports that onset of prenatal care was at six weeks for all pregnancies. The male reported that the children have extensive experience with thirty adults and the female reported seven.

Values and Attitude Scale responses indicated that the female was an authoritarian, strongly traditional and tending toward agreement with salient contemporary family values. The male's primary response mode was one of no opinion. Although he included some positional response categories on items concerning traditional and salient contemporary family values, he remained completely netural to all authoritarian family items.

Couple C strongly agreed that good parents help change child behavior by example and that parents must make a conscious effort to foster trusting and caring relationships between their children and other adults. They agreed that it is best to let kids work out their own squabbles, whenever possible. The female strongly agreed that life is competitive, consequently people must learn to be well behaved whether they win or lose, and that if a woman has young children, she shouldn't work outside her home. The male disagreed with both these latter two statements.

The children of Couple C have enjoyed good health. The three year old daughter had not experienced any medical problems although the mother reports that she had a dead tooth due to some unknown fall. The five year old son was born with jaundice, had a benign tumor on his eyelid surgically removed at age two and has had one bout with the flu. He experienced a head injury and knocked out two teeth in a fall down some steps to a basement floor at age three. The infant was only five or six months old and had had no medical problems yet.

Couple C exhibited strength in their ideals and they stressed the importance of family and truth. They were highly principled, and

they strived for a more harmonious existence with their land and their friends. Elements of love permeated all their expressed desires and active involvements.